## FOR STATE HEALTH DEPT. PM3. Page iny delay is , 2, and 3 ta TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 24 haugs often death Health prior to burial, cremation, or remayal, and in any event within 72 hours after death. This certificate should be executed within DICAL EXAMINER: files. 5 may be retained far your

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF

VITAL	RECORDS,	301 V	V. PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
MACO	ICAL EV	ABBII	IEDIC CE	DTIFIC	ATE OF D	CATIL	

1,010		MEDIC	AL EXAMIN	ER'S C	ERTIFICAT	E OF D	EATH	TO DESIGN	Arta	16.1	30	
1. DECEASED-NAME (Type or Print)	HARRY		DAVID		ATRESMA	N		20. DATE KNOW OF ESTI DEATH MATE	MAY	3 Doy	Yeor 169	2b. HOUR 7 P N
3. SEX	4. RACE	5. DATE OF BIR	10	GE (in years ost birthday)	MONTHS DAY		24 HRS. MIN.	2c. DATE PRONC		Ye	or 19 69	2d. HOUR
Male	White	Nov 19,		75 YRS					2		19 09	7 P N
7o. BIRTHPLACE (State country)	e or foreign 7b	. CITIZEN OF WH	AT COUNTRY?	8. MA	RRIED NEVER		9. COU	NTY OF DEATH				
Penna		U.S.A		MID	OWED 🗌 C	IVORCED			Allega	any		M
10. CITY OR TOWN O	F DEATH		ME OF HOSPITAL OR	INSTITUTION	N (If not in hosp	tol 120. I	USUAL OC	CUPATION (Kind	of work done	12b. KI	ND OF BUSI	NESS OR
Cumberl					L -DOA	durin Re	g most of	working life, ev	yee- U	S. G	overn	nment
130. USUAL RESIDEN	CE (Where deceosed	lived, if institu	tion: Residence befo					13e. STREET AND	NUMBER			
odinission) SIATE	Maryland	A	Llegany	Cumb	erland	YES						
14. FATHER'S NAME	First	Middle	Los		1S. MOTHER'S	AAIDEN NAME	First		Middle		Lost	15 V
	Frank		Aiersm	ian	10000		Emma				Asl	1
160. WAS DECEASED EV	ER IN U.S. ARMED FO		16b. SOCIAL SECURITY		17. INFORMANT			A	DDRESS Re	oute	#1 Bz	c 653
(Yes, no, or unknow NO	VII) (If yes give wo	r or dates of service)	210-05-73	87 M	Irs. Cat	herine	Air	esman			land.	-
T		tr	ne for (a), (b), and (a					00110421			APPROXIMATE I	
PART I.	DEATH WAS CAUSED	BY:	CORONA	BY	OCCLUSI	ON				BE	ECCOUNT	ND DEATH
4100	IMMEDIATE	CAUSE (o)			0002003	OIV						•
7707		DUE TO, OR	AS A CONSEQUENCE O									
	iny, which gove liote couse (a),	(b)		CORC	NARY	SCLERC	SIS			-	- (40.00)	
	iderlying couse	DUE TO, OR	AS A CONSEQUENCE (	)F							100	
lost.	)	(c)										
PART 2. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH BUT NO	OT RELATED	TO THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN IN PART	1(0)		2-3-1	
190. DATE OF C	MOLT & TLON		10L CONDITION FOR	Marie Obi	DATION					Loc	AUTOROW	2
190. DATE OF C	PERATION		19b. CONDITION FOR WAS PERFORME		EKATION					20	). AUTOPSY	
E L											YES 🗌	NO 📉
	CAUSE WAS R CONTRIBUTING		NJURY Month, Doy, Ye	or 2	Nc. HOW INJURY	OCCURRED (E	nter notur	e of injury in Po	rt 1 or Port 2,	Item 18.)		
PRIMARY OF DEAT		P.M										
21d. INJURY OC	CURRED 21e. PL	ACE OF INJURY (A	t home, farm, street,	. 2	of LOCATION Str	et or R.F.D. No	0.	City or Tow	n	Count	ly	Stote
AT WORK	OT WHILE TO TOO TO	ry, office building	g, etc.)									
22o. I	certify that I too	k chorge af th	ne remains describ	ned obov	e, held on A	tapsy ,	Ins	pection X,	Inquiry [	<b>X</b> , 0	nd in my	opinion
deoth re	sulted fram:	Natural caus	es X, Accide	nt 🗍,	Suicide	, Homici	de 🗍	Undetermi	ned monner		94.0	
	1		7,			CHIEF MEDICAL	EVAMINE					
ACTUAL	Longer	int	Sp. Tax	11:	1	ASSISTANT MEDICAL			22b. DAT	E SIGNED		
SIGNATURE	- Indicate	1.	- Activities	000		DEPUTY MEDIC					7060	
EXAMINÉR'S NAME (Type)	BENEDI	T SKITA	ARELIC, M.	D.				vn, or county	<u>MA</u> MBERT. A	ND. N	1969	AND
230. BURIAL, CREMA	TION, 23b. D				OR CREMATORY		23d.	LOCATION (City	or Town)	(County	) (S1	ote)
REMOVAL (Spec	ity) 5/6	5/69	Sunset	Memo	orial Pa	rk	Cu	mberlan	ATTA			land
24. FUNERAL DIRECT		1 9/	ADDI		27502	2So. REC			b. REGISTRAR			

VR A15ME (5)

TO DEPUTY

**ADDRESS** 

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

21502 Silcox-Merritt Funeral Service. Cumberland, Md

1969

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				EKIIFIU.	AIE OF DEAL	I II			00	F 13 11	
. DECEASED-NAME	First		Middle		Last	2a.	DATE OF DI	EATH			2b. HOUR
(Type ar print)	Ha	rry	Irvin	a I	lexander		May	Manth 29	Day 1	969	4:45
. SEX		4. RACE			S. DATE OF BIRTH		6	AGE (In years	IF UND	DER 1 YEAR	IF UNDER 24 HRS.
	Male	Whit	е		Aug. 7,	1911		last birthday)	YRS.	DATS	MUUKS MIN
a. BIRTHPLACE (Sta	ite ar fareign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIED	9. <b>COU</b>	JNTY OF D	EATH			
Vir	ginia	USA		WIDOWED		A	llega	any			M
O. CITY OR TOWN C	of DEATH	11. NA give st	ME OF HOSPITAL OR INS reet address 215 I			ing mast of v	warking life	ind of work do			Store
			an: Residence befare	13c. CITY OF		E CITY LIMITS?	13e. STREE	T AND NUMBER	1		3 7 62 6
idmission) STATE	Md.	13b. COUNTY	llegany	Cumbe	erland YES X	NO 🗌	215	E. 01	dtown	Ros	ad
4. FATHER'S NAME	First	Middle	Last		S. MOTHER'S MAIDEN NA	AME First		Middl	e		Last
W	Villiam	Franklin	Alexande	er	Ina	May	Laur	ent			
16a. WAS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURITY N	10. 17.	INFORMANT			Addres	SS		
Yes, na, ar unkno	Watio	vor or dates of service) nal Guar	d	1	liss Dieat	ra Al	exan	der, Va	a.,Da	ughf	ter
			e far (a), (b), and (c).)							APPROXI BETWEEN (	ONSET AND OEATH
PART I. (	DEATH WAS CAUSED	D BY: ATE CAUSE (a)	Coronary	occl	usion			-WL 12		1 0	lay
410	9	DUE TO, OR AS	A CONSEQUENCE OF								
	ánγ, which gave ) diate cause (a),	(b) C	oronary :	Heart	Disease		- 2	13.50		2 y	rears:
stating the u	nderlying cause(	DUE TO, OR AS	S A CONSEQUENCE OF								
last.	)	(c)									
					O THE TERMINAL DISEAS	E OR CONDITION	ON GIVEN I	N PART 1(a)			
z F			ular dis								
19a. ACCIDEN	PERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PER			NO 🗀K	CAUSES O				ERTIFYING
S OR CONTRIBUT	ING CAUSE OF DEA	TH HOUR A.M.	Manth Day Year	5500	OW INJURY OCCURRED	(Enter nature	e of injury	in Part 1 or Par	rt 2, Item 18	8.)	
ZIU, INJUNI V	fy medical exami		AT HOME, FARM, STREET, FAC		OCATION Street or R.F.	.D. Na.	City or	Tawn	Caur	nty	State
While No	Wille										
22a. I cert	ify that (I) (th	is haspital) atte	nded the decease	d fram_	8-24-	19 50	to_5-	29	19 05	, tho	t(1) (we) las
saw t	ne deceased o	live on	did nat) view the l	y Dy, on	a thot in (my) (aur	r) apinion (	deoth occ	curred an th	e date an	d haur	and from th
22b. SIGNATUR		(1) (10,0)	1	200, 0.10.					22c. DATE SI	IGNED	
	Kara C	1. / Su	ei U.	D DEG	REE PHYS.	MED. DIRECTOR	R 🔲	STAFF PHYS.	June	2,	1969
22d. PHYSICIA					22e. ADDRESS	С.	~			W.3	
NAME (Ty	Dr. F	Ralph W.	Ballin, M		62 Gree					rid.	
23a. BURIAL, CREM	.: £ 3:		23c. NAME OF					(City or Town)		unty)	(State)
BM944 W		e 2,1969		est B	urial Park		umber	land A	llega	ny.l	Md.
James I	IOR Scare	nelli C	ADDRESS umberland	Ma		EC'D BY REGI	ISTRAR	2Sb. REGISTI	RAR'S SIGNA	TURE "	7 7 4
	Carl	وسسيان	TWDEL TSUG	, Md.	DATE	N 3	1969	Vicia	with !	Section 2	100

DAUN

3 1969

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Preshould be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haur Page 4 may be retained by the haspital ar attending physician.

VR A15 (47) 30M REV. 1/88

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Aug. 2, 1911

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weller or. acted N. Selitt, H.D. Se Greune St., Compension, Mc.

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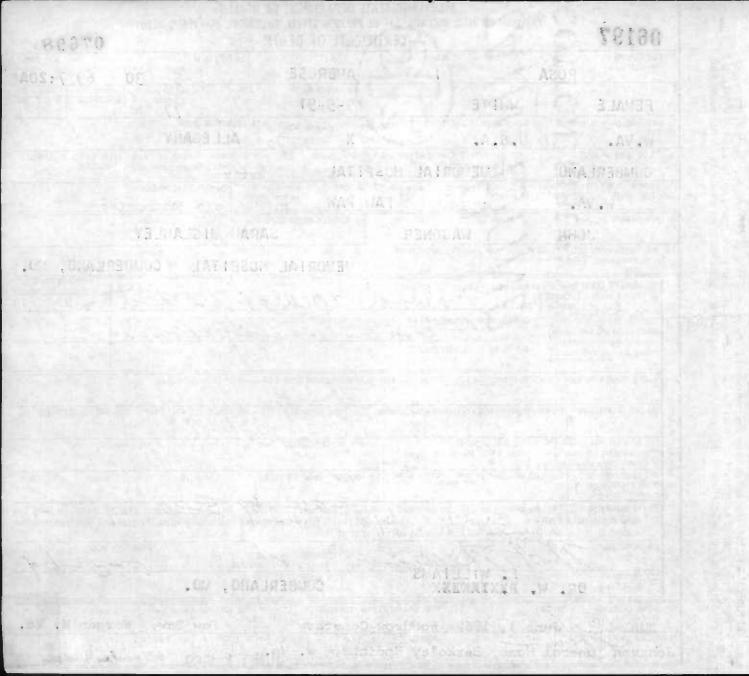
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 4 and 2 director, page 3 should be detached far use as the burial transit permit. Then please remove carban papers. Pages 4 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours effect death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 45M - 1/69

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OUTSI			1 1 1 1	EKIIFIU	LAIE OF D	PEAIH			076	38
. DECEASED-NAME	First		Middle		Last	20	. DATE OF DEATH			2b. HOUR
(Type ar print)	ROSA				<b>AMBROS</b>	E	Mon	<sup>th</sup> 30°	69	7:20A
SEX		4. RACE			S. DATE OF BIRT	'H	6. AGE (	In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE		WHITE			9-5-91		last bi	7 YRS.	MONTHS CIAYS	HOURS MIN
. BIRTHPLACE (State or fo	oreign 7b	. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRI	ED 9. CC	OUNTY OF DEATH			
W. VA.		U.S.A.	There I was	WIDOWED			ALLEGAN	Y		N
. CITY OR TOWN OF DEAT	Н	11. NAME	OF HOSPITAL OR INS	TITUTION (If n	nat in haspital	12a. USUAL OC	CUPATION (Kind of	wark dane		F BUSINESS OR
CUMBERLA				HOSPI	TAL	during most of Ret:	warking life, even	it retired.)	INDUSTRY	
a. USUAL RESIDENCE (Who	ere deceased	lived, if institution:	Residence befare	13c. CITY OR		d. INSIDE CITY LIMITS?	13e. STREET AND	NUMBER		
lmissian) STATE	4.	MC MC	DRGAN	PAW	PAW	YES NO	c/o Po	stmasi	ter	
. FATHER'S NAME FI	rst	Middle	Last	15	S. MOTHER'S MAID			Middle		Last
	ИНС		WAGONER	27.1		SARA	H MISLA	GLEY		
a. WAS DECEASED EVER II Yes, na, ar unknawn)	N U.S. ARMED (If yes give wor o	FORCES? 16	b. SOCIAL SECURITY N	0. 17. 1	INFORMANT			Address		
NO					MEMORI	AL HOS	PITAL	CUMB	ERLAN	
18. CAUSE OF DEATH	(Enter anly a	ne cause per line	or (a), (b), and (c).)	0		1	000	1 4		ONSFT_AND DEATH
PART I. DEATH W	AS CAUSED B IMMEDIATE		cereb	rax (	race	was	acce	den	2	11-130
4369		Lo	CONSEQUENCE OF					-	7	
Canditions, if any, wh	nich gave)		CA 1	20	rolon	2000	Mrs.	10V		
rise ta immediate co		DUE TO OP AS A	CONSEQUENCE OF		acces, a		- VICE	100	-	
stating the underlyin	ng cause		CONSEQUENCE OF						3 4 5	
-	,	(c)								
PART 2. OTHER SIGNIF	ICANI CONDII	IONS CONTRIBUTION	G TO DEATH BUT NO	II RELATED TO	O THE TERMINAL D	DISEASE OR CONDIT	TION GIVEN IN PART	l(a)		
10 DAYE OF ODERATIO	1 105 604	INCLUDE CONTROL	005047101111145 050	5001150			Teach			
19a. DATE OF OPERATIO	N 196. CON	IDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPS		20b. IF YES, WER		ONSIDERED IN	CERTIFYING
01					YES 🗌	NO 🗌				
21a. ACCIDENT WAS L OR CONTRIBUTING C		21b. TIME OF IN HOUR A.M.	JURY Manth Day Year	21c. H	OW INJURY OCCUR	RRED (Enter natu	re of injury in Part	1 or Part 2, It	tem 18.)	
(If either, natify medi	cal examiner)	P.M.	19					1546		
21d. INJURY OCCURRE While Nat while	D 21e. PU	ACE OF INJURY (AT	HOMF, FARM, STREET, FACT FICE BUILDING, ETC.	ORY.) 21f. LC	OCATION Street	or R.F.D. No.	City or Town		County	State
Bul walk all wark						10				
220. I certify the saw the dec	it (I) (this I	hospitol) attend	led the deceose	d from	2-20	-, 19.09	, to 5 -3	0-, 191	09, tho	t (I) (we) lo
saw the dec	eased alive	an_5	291	109, an	d that in (my)	<del>(our)</del> opin <b>i</b> an	deoth accurred	on the dot	te and hour	and from the
22b. SIGNATURE	d dbove, [	) ( <del>we) (ala)</del> (al	d nat) view the b	odylatter	death.					
ZZD. SIGNATURE	17.	4.	11/2	1 pres	ATTENDING	MED.	STAFF	22c. D	ATE SIGNED	11
22d. PHYSICIAN'S	6	F. WI	LLIAMS	mater.	111101	DIRECTO		4	-31-	-09
	DR. W				ZZe. AUUN	BERLAN	D, MD.			- 1
BURIAL, CREMATION,	23b. DAT			EMETERY OR				7.	15	(6 )
REMOVAL (Specify)			23c. NAME OF C				LOCATION (City or		(County)	(State)
FUNERAL DIRECTO	Jur	ne 1, 19	ADDRESS	row C	emetery	Sa. REC'D BY REG	Paw Po	REGISTRAR'S		W. Va.
Johnson Fu	neral	Home B		Sprin						
John The	CLUL	me, D	cricicy	PLIN	ישריי יישר	DATE PIN 1	1 1000	Ellen	alan Jac	del.



24 haurs after death

DICAL EXAMINER: This certificate shauld be executed within

O DEPUTY

## DIVISION OF VITAL PECOPDS 301 W

PRESTON STREET, RAITIMORE, MARYLAND 21201

06192

	ECEASED-NAME	Fir	st		Middle		Lost			20. DATE KNOWN	Month	Day	Year	2b. H <b>3</b>
(1	Type or Print)	C	lara				Beery			OF ESTI- DEATH MATED	May	7 30	19 69	9 3:
3. SE		4. RACE		OF BIRTH		GE (In years st birthday)	IF UNDER 1 YEAR	# UNDER	24 HRS. MIN.	2c. DATE PRONOUNC				2d. HOU
	male	White		y 22,	T00A	8 8 YRS	1000			Month May	. Day	30 Year	969	3:3
	BIRTHPLACE (Statement)	Va.		OF WHAT COL	UNTRY?	1000	RRIED NEVER M.		9. COL	ONTY OF DEATH				
	ITY OR TOWN O		USA		GO, IATIGOOU 3		OWED DIV	ORCED	ICHAL O	Allegany		112b. KIND	Or Duci	NIFCC OR
	umberla			give street	11 1		na . A	during		f warking life, even i <b>SEWITE</b>				
		CE (Where dece	ased lived, if	institution: I			OR TOWN	13d. INSIDE CITY		13e. STREET AND NU		Own	non	пе
ac	dmission) STATI	Md.	13b. COL	farmer (			berland	YES 🔀	NO 🔲	28 Penns	ylvan	nia A	ve.	
. F.	ATHER'S NAME	First		Middle	Las		IS. MOTHER'S MA	AIDEN NAME	First	N	liddle		Lost	
		Henr	У	W.	Haine	5			E1:	izabeth	East	ter		
	es, no, or unknow	(ER IN U.S. ARMED	FORCES?		SOCIAL SECURITY		17. INFORMANT		-	ADDR				
,				- 4			Mr. Rus	sell	Been	ry, Cumbe	rland		. SC	
	18. CAUSE OF	DEATH (Enter o	nly one cause	e per line far	(a), (b), and (a	).)	CORONAR	ar oc	OT II	SION		BETWE	EN ONSET	AND DEATH
	1110		IATE CAUSE (	, .			CORONAR	1 00	CTO	21014		50.	DDE	N
	Conditions, if	iny, which gave	)		CONSEQUENCE (	)F	CORON	ARY	SCL	EROSIS		1		
	rise ta immed	iate cause (a), derlying cause	(1	TO, OR AS A	CONSEQUENCE (	OF .			-					
	lost.	deriffing couse	)	c)								-1-3		
	PART 2. OTHER	SIGNIFICANT CON	DITIONS CON	TRIBUTING TO	DEATH BUT NO	T RELATED	TO THE TERMINAL	DISEASE OR	CONDITIC	ON GIVEN IN PART 1(o				
5	10. DATE OF	DEDATION		1101	CONDITION FOR	Manch op	FD 1 TION					100	111100011	0
CERTIFICATION	190. DATE OF (	PERATION			CONDITION FOR WAS PERFORME		EKATIUN						AUTOPSY:	NO X
EK	21a. EXTERNAL	CAUSE WAS	21b. T	IME OF INTURY	Y Month, Day, Ye	ear I	21c HOW INJURY C	CCURRED (F	nter natu	re of injury in Part 1	or Part 2 t		(ES 🗌	NU Es
MEDICAL		R CONTRIBUTING		OUR A.M. P.M.	19			reconnes (El	inor majo	no at injury in rait t	01 1 011 2, 1	10111 10.,		
Tites	21d. INJURY OC	CURRED 21e.	PLACE OF IN	JURY (At hom	ne, form, street,		21f. LOCATION Stree	t ar R.F.D. Na	1.	City or Tawn	-	County	-	State
	AT WORK	OT WHILE T	actory, office	building, etc.)	)	-								
4			taak charq	e af the rer	mains descril	oed abav	e, held an Aut	apsy 🔲,	Ins	spection XXI, I	nquiry [	Q, and	in my	v apini
							Suicide							
		0	, ,	, ,	11:		, CH	HEF MEDICAL	EXAMIN	ER 🔲				
	ACTUAL SIGNATURE	Dens	edic	to	Peta	rel				MINER .	22b. DATE		706	
	EXAMINER'S	Dr.	Rene	dict o	ekitane	alia.	M D AC	PUTY MEDIC	AL EXAMI	INER $f x$ own, or county) $f Rt$		30,		
	NAME (Type)	DI.	Dene	TTC C	DET CALE			MKE22/21166	i, ciry, 10	wn, or county) At C	. 7,	umbei	rlar	1a, M
30	RIIDIAI CDEMA				1 22 NAME O	CEMETERY	OD CDEMATORY		224	LOCATION ICHA T.	laur	(County)	10.	-tal
230.	BURIAL, CREMA REMOVAL (Spec	TION, 23t	DATE	1969			OR CREMATORY	1 D. w		Cumberlar		(County)		ate)
24.		rion, 23th	une 2	, 196		lcres	st Buria		D BY REE	Cumberlar	egistrar's	legan SIGNATURE	у М	d

VR A15ME (5) 10M REV. 1/68

5 may be retained for yaur files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State De

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izabeth Baster Ty, Gutherland, Ne. Son	1000000	es	Cu Annoli
	CORONARY COULD		
X XX		x	
In 30, 1909 Lt.9, Cumorima,		oklereljak jelbe	

Tune 2, 1959 Billorest Duries Days vaccord ad, Allereny, Ba.

James & Conspolit, Cumberland, 1.6.

director, shaule

23a. BURIAL, CREMATION,

BUREMOVAL (Specify)

24. FUNERAL DIRECTOR

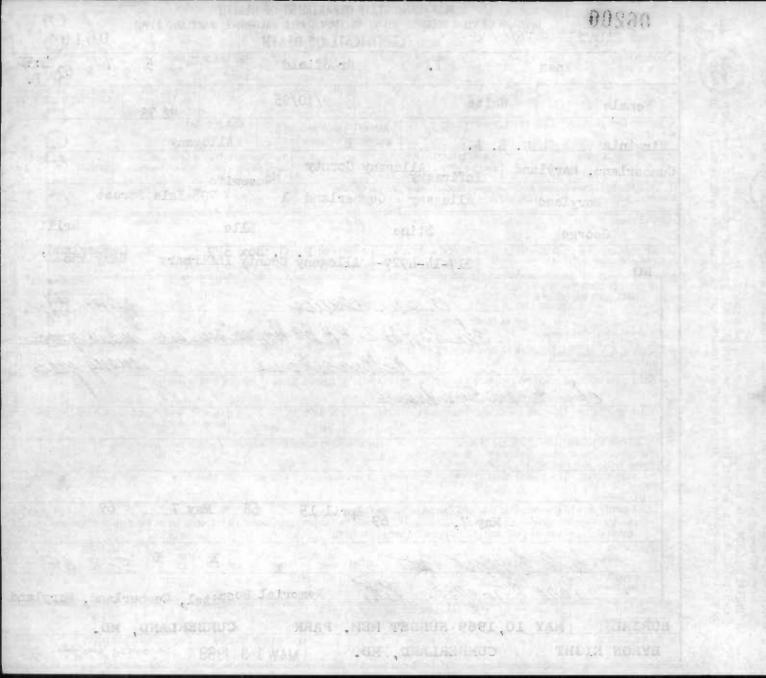
23b. DATE

DURST FUNERAL HOME

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING \_\_, that (1) (we) last \_\_, and that in (my) (aur) opinian death occurred an the date and hour and from the CLARENCE J. VINCENT, M. D. 912 SETON DRIVE, CUMBERLAND, MD. 21502 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) FBG. MEMORIAL PARK FROSTBURG, MD FROSTBURG, MD DMAY 26 2Sa. REC'D BY REGISTRAR

11:25	5	OKCA	[1]	101701
	15	110	STIRW	FEIGLE
co.,	ALLES OF Y	Х	U. S. N.	TRYLAD
	3.1010	HISP TAL	S YOURD HEART	CU 10 EXL WO
nnabotk st.	a same Euroy	FROSTAURG	VILLEGUIX	OFLYARI
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MARYLAND STATE DEPARTMENT OF HEALTH Item6 FilmG412 5/16/69 kk CEPTIFICATE OF DEATH 06194 CERTIFICATE OF DEATH DECEASED-NAME Inez Bradfield 20. DATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS White ottending physician and completely filled in by the permit. Then please remove carbon papers. Pages lost birthdoy) DAYS Female please remove carbon papers. Pag , ond in any event, within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED X DIVORCED Allegany Virginia 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Allegany County Infirmary 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Cumberland, Maryland 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before deceased lived, if institution is deceased lived, it is deceased lived. odmission) STATE Maryland 13b. COUNTY 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME Bri 193 Stine George 166. SOCIAL SECURITY NO. 17. INFORMANT P. 0. Box 217-14-4929-A Allegany County 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give war ar dates of service) or removo NO 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, Canditions, if any, which gave burial-tronsit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retoined by the hospital ar attending as the O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? ed for use of Health p YES [ NO 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from April 15, 1968, ta May 7, 1969, that (I) (we) last saw the deceased alive an May 7, 1969 and that in (my) (aur) apinian death accurred on the date and haur and from the directar, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Memorial 23b. DATE 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) MAY 10,1969 SUNSET MEM. PARK CUMBERLAND 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR CUMBERLAND, MD. BYRON KIGHT



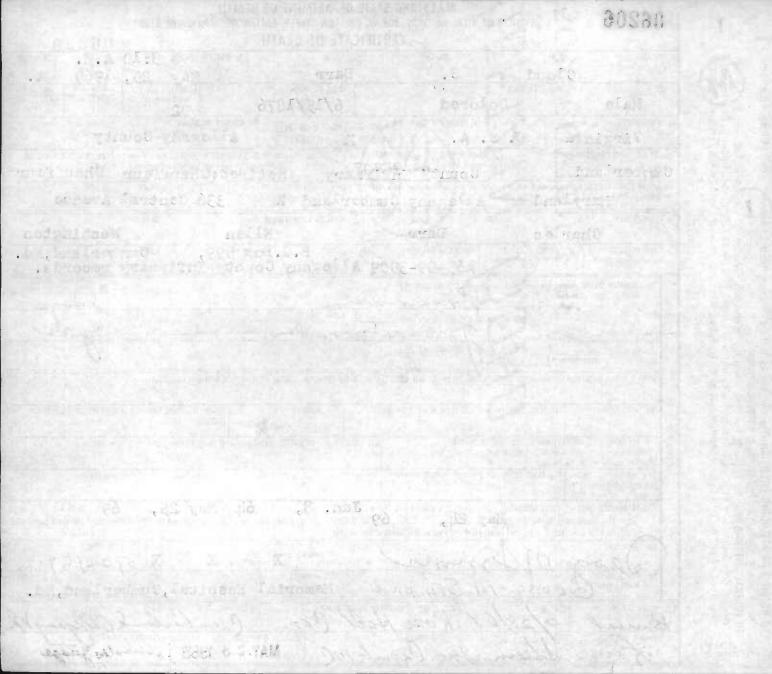
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06196 1. DECEASED-NAME First Middle 20. DATE OF DEATH (Type or print) 12Yeor GEORGE W. CARDER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) 5-24-1893 MALE WHITE haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) PENNA . U. S. A. ALLEGANY WIDOWED T DIVORCED [ 24 campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done Within 126. KIND OF BUSINESS OR give street address) WHIM RIAL HOSPITATITE most of working life, even if retired.) CUMBERLAND CEMENT HOUSE WORKER Springfield 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before and in any event, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER certificate be executed #3, CUMBERLAND BEDFORD 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First First CARDER **JEANETTA** ROBINSON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) MEMORIAL HOSPITAL-CUMBERLAND, MD. crematian, ar removal, YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) death PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) that rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED SD 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY. ) 21E LOCATION 21e. PLACE OF INJURY While Not while at work at wark 22a. I certify that (1) (this haspital) attended the deceased fram 4 and that in (my) (our) apinian death occurred on the date and have and from the saw the deceased alive an 3/12 causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR. R. J. WILLIAMS 122 S. CENTRE ST., CUMBERLAND, MD. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) May 16. 1969 St. Michael's Cath. Cem. Frostburg, M ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 230 Balto Ave. Cumberland DATMOAY 1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06198 CERTIFICATE OF DEATH DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR (Type or print) COOPER EARL 69 :50A 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR last birthday) MONTHS 5-10-06 MALE WHITE within 24 haur 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH W. VIRGINIA U.S.A. ALLEGANY WIDOWED [ DIVORCED | IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR State Hospits CUMBERLAND HOSPITAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed odmission) STATE MARYLAND RT. 2, WILLIAMS RD. CUMBERLAND YES [ NO 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Lost Middle and Last pe JOHN COOPER MOLLIE COOPER The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give wer or dates of service)
Peace Time Yes, no, ar unknown) remayal MEMORIAL HOSPITAL CUMBERLAND, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSS-OF-DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 214. TOCATION Street or R.F.D. No. City or Tawn While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from //. that (1) saw the deceased alive on 3/6/6 and that in (my) (our) opinian death accorred on the dote and hour and from the causes stated above, (1) (we) (did not) view the body ofter deoth. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING director, page shauld be filed PHYS. DIRECTOR 22e. ADDRESS CUMBER LAND, MD. 22d. PHYSICIAN'S NAME (Type) DR. R. J. WILLIAMS 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) BUT THE Specify) May 9, 1969 Mt. Herman Cemetery Cumberland, Al Scarpelli, Cumberland, Md. James F. 250. REC'D BY REGISTRAR
DAMAY 1-2-1969 VR A15 4

						PARTMENT OF				
		06205	DIVISION OF VI			TON STREET, BAL	TIMORE, MA	RYLAND 21201		
					RTIFICAT	E OF DEATH			061	.99
		ECEASED-NAME First (ype or print)		Middle		Last	2a. DATE OF		V.	2b. HOUR
		BELMO			CRABI	REE	MAY	Manth 22	1969	9:17 1
	3. SE		4. RACE			ATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		MALE	WHITE		9	9-16-1912	2	YRS.	MONTHS DAYS	HOURS MIN.
	caur	W. Va.	7b. CITIZEN OF WHAT	Α.	WIDOWED	DIVORCED DIVORCED	9. COUNTY OF	GANY		Mc
0	C	ITY OR TOWN OF DEATH UMBERLAND	give		TUTION (If not in	hospitol 120. USL durild	JAL OCCUPATION	(Kind of work done life leven if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	13a. admi	USUAL RESIDENCE (Where decearsian) STATE WARYLAND	12h COHNTY		3c. CITY OR TOW	N 13d. INSIDE CITY	LIMITS? 13e. ST	REET AND NUMBER		5.5%
	14. F	ATHER'S NAME First  JAME	Middle	CRABTRI		THER'S MAIDEN NAME	First	Middle	KERNS	Lost
	16a.	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 161	o. SOCIAL SECURITY NO		MANT	NACIIL	Address	IVEN No	,
	Y	es, no or unknown) (If yes give	wor or dates of service)		MEAN	RIAL HOS	DITAL	CUMBERL	A AID A	4D
		18. CAUSE OF DEATH (Enter an	nly ane cause per line fo	or (a), (b), and (c),)		KIAL DV	PLIAL,		APPROXIM	MATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) Roc		oin Cr	notted We	27030			NSET AND DEATH
		0820 IMMEDI		CONSEQUENCE OF	IN TITE	DOLLEG FE	ver		4 W6	eks
		Canditions, if any, which gave	1,	CONSEQUENCE OF						
Н		rise to immediate cause (a), stating the underlying couse	(b) DUE TO, OR AS A	CONSEQUENCE OF						
		last.	(c)							
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(o)		
	z									
1	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF	ORMED 2	20a. AUTOPSY?	20b. IF	YES, WERE FINDINGS C	ONSIDERED IN CE	RTIFYING
	TEI					YES NO	CALICEC	OF DEATH?		
6		21a. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJ		21c. HOW IN		er nature of inju	y in Part 1 or Part 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. N	lanth Day Yeor					,	
			PLACE OF INJURY (AT )	HOME, FARM, STREET, FACTO CE BUILDING, ETC.	RY.) 21f. LOCATIO	ON Street ar R.F.D. No	o. City	ar Tawn	County	State
		22a. I certify that (1) (th	is haspital) attend	ed the deceased	fromM	8 V 13 . 19	69. ta	May 22 19	69 that	(1) (Te) las
-		22a. I certify that (I) (the saw the deceased a causes stoted above	live an May	2216	9_, and the	at in (my) (ggr) ap	inion death o	ccurred an the da	te and hour	and fram the
		causes stoted abave	e, (I) (Me) (did) ton	tot) view the bo	dy after deat	h.				
		22b. SIGNATURE	11		DEODEE	ATTENDING	MED. DIRECTOR	STAFF PHYS.	DATE SIGNED	
		22d. PHYSICIAN'S	111	6	DEGREE		DIRECTOR L	PHYS.	5-25-5	59
		NAME (Type)			1 000	22e. ADDRESS		140		
	22	DIPLAL COMMATICAL		MELWRIGH		CUMBER		MD.		
			DATE 7 25,1969	23c. NAME OF CE Kerns C	emetery	MATORY		N (City or Town) Oldtown	(County)	(State)
	24.	James F. Scar	rpelli, Cu	mberland	, Md.		2 7 196	9 25b. REGISTRAR'S	SIGNATURE	12
						DANE	× 5 100	1	1 0	

give street oddress) Aldeceosed lived, if institution: Residence before Land 13b. COUNTY Allegany  Middle Lost  Ples Darr S. ARMED FORCES? 16b. SOCIAL SECURITY	CERTIFICATE OF DEA  Lost  Darr  S. DATE OF BIRTH  6/15/18  8. MARRIED NEVER MARRIED VIVORCED NSTITUTION (If not in hospitol during any lack)  The sary of the sary of lack of the sary lack of th	20. DATE OF DE  M  6  7. COUNTY OF DE  Alleg  D. USUAL OCCUPATION (K  ring mast of warking life  C tire d: Ch  OC CITY LIMITS?   13e. STREE  NO   336  IAME First  Ellen  Box 599	AND 8:10 Month 25 Mon	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MI  12b. KIND OF BUSINESS OR INDUSTRY Chauffeur  Avenue  Loss Washington
4. RACE Colored  7b. CITIZEN OF WHAT COUNTRY? U.S.A.  11. NAME OF HOSPITAL OR II give street oddress)  12. County  Middle Lost Cles Darr  S. ARMED FORCES? as give wor or dates of service)  16b. SOCIAL SECURITY 165-09-  ter only one couse per line fex. (a), (b), and (c)	S. DATE OF BIRTH 6/15/18  8. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   NSTITUTION (If not in hospitol   12 cm) 13c. CITY OR TOWN   13d. INSI Cumberland YES   15. MOTHER'S MAIDEN N	9. COUNTY OF DE Alleg  USUAL OCCUPATION (King most of working life.  O LISTAL OCCUPATION (King most of working life.  O LISTAL OCCUPATION (King most of working life.  O LISTAL OCCUPATION (King most of working life.)  O LISTAL OCCUPATION (King most of working life.)	Month Doy  [AY 25,  AGE (In years lost birthday)  92 YRS.  ATH  SANY Cow  ind of work done  e, even if tetired.)  EAUTIOUS  TAND NUMBER  Contral  Middle	A.M. 2b. HOUR 1969 A.  IF UNDER 1 YEAR IF UNDER 24 HES MIND THE STATE OF BUSINESS OR INDUSTRY Chauffeur  Avenue  Lost Washington  Derland Md
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as give war or dates at service) $165-09-$ ter only one couse per line for (o), (b), and (c	3909 Allegany	Box 599,	Addies	berland Md
ter only one couse per line for (o), (b), and (c		County In	firmary	records.
DUE TO, OR AS A CONSEQUENCE OF	arlensele	SE OR CONDITION GIVEN IN	N PART 1(o)	you
	YES 🗀	NO CAUSES OF	DEATH?	
OF DEATH HOUR A.M. Month Doy Yeo	r	(Enter noture of injury in	n Port 1 or Port 2, It	tem 18.)
21e. PLACE OF INJURY (AT HOME, FARM, STREET, F.	ACTORY,) 21f. LOCATION Street or R.f	.D. No. City or	Town	County Stote
bave, (i) (we) (did) (did nat) view the	DEGREE ATTENDING PHYS. 22e. ADDRESS	MED. S P	TAFF 22c. D	PATE SIGNED 726/69
23b. DATE/ 5/38/69 Rose	CEMETERY OR CREMATORY HILL Cem.	23d. LOCATION (	(City or Town)	(County) (Stote)
9 0 N ) et	DUE TO, OR AS A CONSEQUENCE O  (b)  DUE TO, OR AS A CONSEQUENCE O  (c)  T CONDITIONS CONTRIBUTING TO DEATH BUT  19b. CONDITION FOR WHICH OPERATION WAS P  RLYING PEDEATH Axominer)  21b. TIME OF INJURY HOUR A.M. Month Doy Yeo P.M.  21e. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.  (this haspital) attended the decease bave, (1) (we) (did) (did nat) view the	DUE TO, OR AS A CONSEQUENCE OF  (o), USE  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA  (c)  T CONDITION FOR WHICH OPERATION WAS PERFORMED  (d)  RELYING  21b. TIME OF INJURY  HOUR A.M. Month Doy Yeor  P.M.  21c. HOW INJURY OCCURRED  (o)  (o)  (o)  (o)  (o)  (o)  (o)  (o	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20o. AUTOPSY?  YES NO  RELYING  21b. TIME OF INJURY  HOUR AM. Month Doy Yeor P.M.  19  21c. HOW INJURY OCCURRED (Enter noture of injury in protein in the prote	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20c. AUTOPSY?  YES NO CAUSES OF DEATH?  21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M.  19  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, If Examiner)  21f. LOCATION Street or R.F.D. No.  City or Town  (this haspital) attended the deceased from Jan 8, 19 61, ta May 25, 19 and alive an May 21, 19 69 and that in (my) (aur) apinian death accurred an the date bave, (I) (we) (did) (did nat) view the bady after death.  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  22c. ADDRESS Memorial Hospital Cumb  23c. NAME OF CEMETERY OR CREMATORY  Cumulualization  Cumulualization  Cumulualization  Contraction of the part 1 or Port 2, If A May 25, 19 DIRECTOR IN STAFF  22c. D  23d. LOCATION (City or Town)  23d. LOCATION (City or Town)  Cumulualization  Cumulualiza



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use os the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the Stote Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter deat Poge 4 may be retained by the hospital or ottending physician.

> VR A15 45M - 1

06207

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

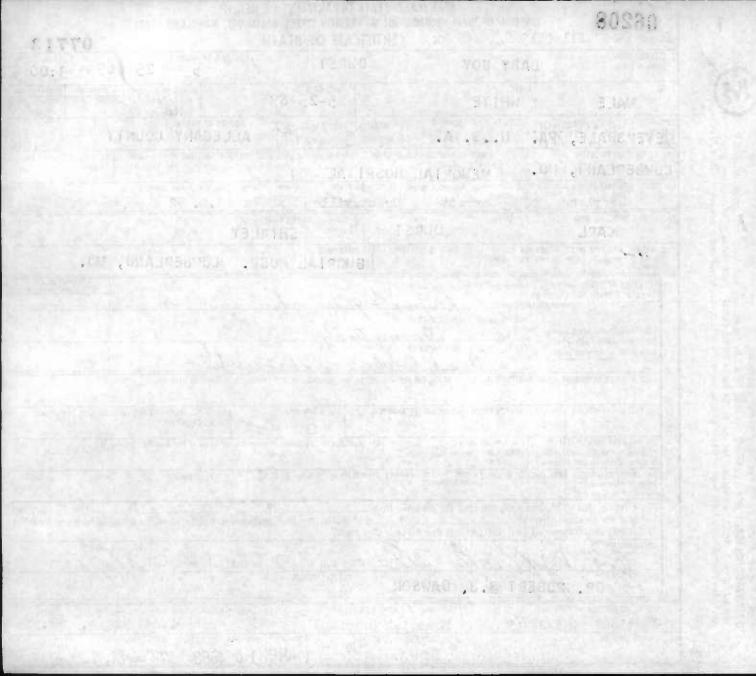
CERTIFICATE OF DEATH

06201

(T	CEASED-NAME ype or print)	DAWS	4	-Middle- CHARLES		LEO		2a. DATE OF		oy 1969	2b. HOUR 5:05A
3. SE	MAL	E		ITE		5. DATE OF B	28-19	10	6. AGE (In years Boirthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7o. E	BIRTHPLACE (Stote or for hitry) MARYLA		CITIZEN OF WHAT		WIDOWED		RRIED 🗍	9. COUNTY OF ALL	EGANY		Md.
	CUMBER	LAND	give	OF HOSPITAL OR INSTI MOR <sup>SI</sup> AL H	OSPI	ot in hospital TAL			(Kind of wark dane life, even if retired.)		BUSINESS OR LROAD
13a. admi	USUAL RESIDENCE (Whe ssian) STATE MD.	re deceased li	ived, if institution 13b. COUNTY A	Residence befare	3c. CITY OR		YES NO	WRI	GHT AVE.	BOWLIN	G GREE
		ARRY	Middle	DAWSO	N_		AIDEN NAME F		Middle ELIZABE	гн мс	Lost KENZI
16a. Y	WAS DECEASED EVER IN es, no, or unknown)	I U.S. ARMED I (If yes give war or d	lates of service)	216-09-		NFORMANT MEM	ORIAL	HOSP.	, CUMBERL	AND, MD	
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A	21o. ACCIDENT WAS U  OR CONTRIBUTING CA  (If either, natify medic	USE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	JURY Manth Day Year	21c. H0	YES OW INJURY OC			ry in Port 1 or Port 2	, Item 18.)	
	21d. INJURY OCCURRED While Nat while at work at wark	21e PLAC		HOME, FARM, STREET, FACTO FICE BUILDING, ETC.	RY.) 21f. 10	CATION Stre	et or R.F.D. No	. City	or Town	County	Stote
	220. I certify that saw the dece causes state	eased alive	an	ded the deceased 19 d not) view the bo	, and	that in (m	, 19_ ıy) (our) api	, to nion deoth	, 1 accurred on the c	9, that late and hour o	(1) (we) last and from the
	45	uenei	v. ch	icas M	. D. DEGR		D 0	MED.		ay 16, 1	969
				incent, M.					Cumber 1a		
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	14,1969	23c. NAME OF CE Philos		CREMATORY		23d. LOCATIO	on (City or Town)	t. Acquita gar	Stoled.

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	EASED-NAME rpe or print)	First BABY BO	Y Middle	DURST	/ 20. DA	TE OF DEATH  5 Manth 25	Doy 69 Year	3:00P
3. SEX	MALE	4. RACE WHITE		S. DATE OF BIRT 5-25	<sup>H</sup> -69	6. AGE (In years last birthday) NB— Y	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
XXX	RTHPLACE (State or for	7/74. U.S	. A.	8. MARRIED   NEVER MARRIE WIDOWED   DIVORCE	ALL	EGANY COL	JNTY	N
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/ admis	sion) SMaryla		rett	Grantsville Y	rES □ NO 🚾 ]	Be. STREET AND NUMBER R.D. #2		
	THER'S NAME First		DUR S		SHIRLEY	Middle		Lost
16a. Ye	was deceased ever in s, no, or unknown)	U.S. ARMED FORCES? f yes give war or dates of service)	5b. SOCIAL SECURITY	NO. 17. INFORMANT MEMORIAL	HOSP.	CUMBERLAN		1
	PART I. DEATH WA	DUE TO, OR AS b gave (b) (b)	A CONSEQUENCE OF	maturity	4		APPRO: BETWEEN	KIMATE INTERVAL ONSET AND DEATH
	stating the underlying last. PART 2. OTHER SIGNIFIC	(c) (c)	noit of	Aubor @ 2010 THE TERMINAL D				V
THE	19a. DATE OF OPERATION		OPERATION WAS P	ERFORMED 20a. AUTOPS' YES [		Ob. IF YES, WERE FINDING AUSES OF DEATH?	GS CONSIDERED IN	CERTIFYING
EDICAL	71a. ACCIDENT WAS UN ☐ OR CONTRIBUTING ☐ CAU 'If either, natify medica	SE OF DEATH HOUR A.M. I examiner) P.M.	Month Day Year	9		f injury in Part 1 or Part	t 2, Item 18.)	
	21d. INJURY OCCURRED While Nat while at wark	21e. PLACE OF INJURY (A)	HOME, FARM, STREET, FA FICE BUILDING, ETC.	CTORY,) 21f. LOCATION Street of		City ar Town	County	State
	saw the dece	(I) (this hospital) attendated alive an above, (I) (we) (did) (d		19 and that in (my)	, 19, to (our) opinian de	ath accurred on the	19, tho date ond hour	t (I) (we) la and fram th
	22d. PHYSICIAN'S NAME (TYPE) R	OBERT	Bu M.	DEGREE ATTENDING PHYS.  22e. ADDRES	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED 6/6/6	9
Cr	BURIAL, CREMATION, REMOVAL (Specify) emation	23b. DATE 5/28/69	Memor	CEMETERY OR CREMATORY		CATION (City or Town) Cumberland,	-	(State) Md.
24. F	UNERAL DIRECTOR		ADDRESS	1	Sa. REC'D BY REGISTR	AR 25b. REGISTRA	AR'S SIGNATURE	



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executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, crematian, or remavol, and in any event, within 72 hours O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Poge 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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(Type ar print)	(112)	Middle	FOST	Month Do	Zb. HOURD
CHA	RLES	Rexford	ELLIS	05	28 Yeor 69 6:05 M
3. SEX	4. RACE		5. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
MALE	h	HITE	09-19-25	lost birthdoy)	MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH	IAT COUNTRY? 8. MAR	RIED NEVER MARRIED	9. COUNTY OF DEATH	
WEST VIRGIN	IA U.S.A		WED DIVORCED	ALLEGANY COUNT	Υ, Μ
O. CITY OR TOWN OF DEATH	11. N/	AME OF HOSPITAL OR INSTITUTIO	N (If not in hospital 120. USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
CUMBERLAND	give	teast address.		PLAND KINDRESHOP IT & b	
13o. USUAL RESIDENCE (Where d	eceosed lived, if instituti	on: Residence before 13c (1		ANTE STREET AND NUMBER	
admission) STATEMARYLA	ND 13b. COUNTY A	LLEGANY CU	MBERLAND YES NO		EN HIGHWAY
14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME F		Lost
CHARL	ES A.	ELLIS		GLADYS	ELLIS
16a. WAS DECEASED EVER IN U.S		16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	MD. 21502
Yes, na, ar unknawn) (If yes	s give war or dates of service)	236-54-0961	SACRED HEART H	HOSPITAL, 900 SET	
18. CAUSE OF DEATH (Ent	er only one couse per lir	e for (a) (b) and (c))	2 0 0	1 0	APPROXIMATE INTERVAL
PART I. DEATH WAS C	AUSED BY:	Solub	in U Fo	ila ilis	BETWEEN ONSET AND DEATH
5400	MEDIATE CAUSE (a)	S A CONSCOURNES OF	78	- comme	2 success
Conditions, if any, which a		S A CONSEQUENCE OF	10:11	1	2 /5 who
rise ta immediate cause	(a), (b)	CA CONTRACTOR	active		a grade
stoting the underlying ca lost.	DUE TO, OR A	S A CONSEQUENCE OF			
	, (c)	7000 70 05170 007 007			
PART Z. UTHER SIGNIFICAN	I CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT KELA	TED TO THE TERMINAL DISEASE ORG	CONDITION GIVEN IN PART I(a)	
19a. DATE OF OPERATION	105 CONDITION FOR WILL	CH OPERATION WAS PERFORMED	20 AUTODOW	TODA IS VES WEEK SHIPMOS S	ONCODED IN SERVICE
3 - 14 10	196, CONDITION FOR WHI	CH OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
3-/3-69	1720	Enduch	YES NO	10	5
		Month Day Year	1c. HOW INJURY OCCURRED (Enter	r nature of injury in Port 1/or Port 2,	Item 18.)
(If either, notify medical e	xaminer) P.M.	19		E	
I ZIU. HUUKI OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY.) 2	1f. LOCATION Street or R.F.D. No.	. City or Tawn	Caunty State
While Not while at wark		orrest orrest orrest		Can	
22o. I certify that (1)	(this hospital) atte	nded the deceosed fran	1 /2 M/ay , 19/0	9, to 28 11/ay 19.	109, that (I) (we) los
sow the decease	d olive on	81/04/9/09	ond that in (prv) (our) api	nion deoth occurred an the do	te and hour and from the
	pave ((1) (we) (aid) (	did nat) view the body o	tter death.		
22b. SIGNATURE	2, VA-1	1 01	ATTENDING N	AED CTAFF	DATE SIGNED
	Maril	wy8	DEGREE PHYS.	IRECTOR L PHYS. L 5/	30/69
22d. PHYSICIAN'S NAME (Type) F W	. MILTENBER	GER M. D.	22e. ADDRÉSS	TRE ST., CUMB.,	MD 21502
	23b. DATE	23c. NAME OF CEMETER			
	5/31/69		Memorial Park	23d. LOCATION (City or Town)	(County) (State)
24. FUNERAL DIRECTOR H.		o ADDRESS MD.	21502 2Sa. REC'D B		nawha, w. Va.
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V. Charles L. L. William W.	1/2-3/2-3/64 (3/10/6 /2 /2 /2

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Last Month 2b. HOUR (Type or Print) ESTI-MAY 29, 1969 Albert llp " Fuller DEATH MATED deloy IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2d. HOUR Male White Mar. 28. 189 llo M Depart 7a. BIRTHPLACE (Stots or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Office olong with form country) Maryland USA Allegany WIDOWED [ DIVORCED land 2 with the Stote in/Item 18. Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR hours after deoth during most of working life, even if redired MEMORIAI HOSPITAL-DOA Cumberland death. 13d, THIS IDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13ba COUNTY TT YEST NO Terans after 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME Last Charles Mary Kurtz Fuller Exorimer's pages haurs ADDRESS () e . 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes, na, ar unknown) (If yes give war or dates of service) 216-09-125 Shirley Robertson. Corriga within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) be executed permit. BETWEEN ONSET AND DEATH icote, writing the word "pending" is be forwarded to the Chief Medical CORONARY OCCLUSION PART I. DEATH WAS CAUSED BY: SUDDEN IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF buriol-transit CORONARY SCLEROSIS Conditions, if any, which gave rise to immediate cause (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 05 removal, ( used CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? ficote, NO I pe 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 0 HOUR A.M. 3 shoul MEDICAL PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) moy be retoined for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection I Inquiry X and in my apinian Natural causes . Accident . Suicide death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funerol ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT May 29, 1969 DEPUTY MEDICAL EXAMINER **FXAMINER'S** 5 moy ro FUNE Heolth BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, CUNBERLAND, MARYLAND NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) A 7 [(County) ]] / (Sigle) REMOVAL (Specify) Rest Lawn Memorial Gardens LaVale. 24 FUNERAL DIRECTOR 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Thanks Judges VR A15ME (5) Harvey H. Zeigler. Hyndman.P

MARYLAND STATE DEPARTMENT OF HEALTH

ALL CORLEGE TAN E S MAY 29, 1969 Lin DEFENSE ROSTENS-LOAD MOTS RIGHT - NEW WALLEN COMMENT SCENEROSIS The Part of the Control of the Contr COLL CAR TON X MOT ROW LEGS PRINTICE SUPERING, M.D. COMMUNICATION MINES

	EASED-NAME	First	/69 kk	Middle	LEKIIII	CATE OF	DEATH	2a. DATE OF D	FATH		0620'	2b. HOUR
1.1	pe or print) EST			1.	F	ULTZ		N. DAIL OF L	AMonth	Pay	1 960	5 : 15P
. SEX		4. RA	CE			S. DATE OF BI	RTH		6. AGF (In year		IF UNGER 1 YEAR	IF UNDER 24 HRS
	MALE		WHITE			JULY (	5, 1889		last birthday	YRS. M	ONTHS DAYS	HOURS MIN
caunt	RTHPLACE (State or foreing EST VIRGIN	gn 7b. CITI;	ZEN OF WHAT COL		WIDOWE		RIED 🗍	9. COUNTY OF I				
	Y OR TOWN OF DEATH  CUMBERLAND		9 SACK	HOSPITAL OR INS	T HSO	PITAL		L OCCUPATION ( est of working li			12b. KIND OF INDUSTRY	BUSINESS OR
30. L idmis	SUAL RESIDENCE (Where sion) STATE MARY			sidence befare EGRNY	13c. CITY C	ERLAND	YES NO		UTE #5		X 87 A	
4. FA	THER'S NAME First		Middle	Lost		IS. MOTHER'S MA		rst	Mide			Lost
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	<ol> <li>CAUSE OF DEATH (E PART I. DEATH WAS</li> </ol>	CAUSED BY:	//	a), (b), ond (c).)	. 6	denna	0	Gian			BETWEEN OF	NSET AND DEATH
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1	PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO	7	OT RELATED	TO THE TERMINAL	DESEASE OR C	ONDITION GIVEN	IN PART 1(0)	0	01	01
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1	9a. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPE	ERATION WAS PER		20a. AUTO			ES, WERE FINDS	INGS CON	ISIDERED IN CE	RTIFYING
CERTIFICATION	PTO. ACCIDENT WAS UND	DERLYING 21	b. TIME OF INJUR	RATION WAS PER	RFORMED		PSY?	CAUSES	OF DEATH?			RTIFYING
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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06215 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06208 DECEASED-NAME First Middle Last 20. DATE KNOWN Month (Type or Print) ESTI-OF Herman DEATH MATED X Simon Greise IF UNDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years IE LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 5. DATE OF BIRTH 67YRS Dec 27, 1901 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Maryland DIVORCED U.S.A. WIDOWED [ Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if setired.) INDUSTRY Meat Packing Business. Cumberland HOSPITAL-DOA 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATEMaryland 13b. COUNTY Allegany Cumberland Rt #3- Box 508 14. FATHER'S NAME Middle Lost IS, MOTHER'S MAIDEN NAME First Catherine George Greise Borgman Route #3 Box 508 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no er unknown) (If was give war or dates of service) 215-36-8753 Cumberland, Md Mrs. Frances Greise 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY OCCLUSION CORONARY SUDDEN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SCLEROSIS CORONARY Canditians, if ony, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County foctory, office building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described abave, held an Autopsy Inspection X Inquiry X Natural causes X Accident Suicide Homicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER K May 24, 1969 **EXAMINER'S** BENEDICT SKITARELIC. M.D. NAME (Type) ADDRESS(Street, city, tawn, or county BERLAND, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) ×# 507/69 SAS. Peter & Paul Cemetery Cumberland Allegany Maryland 21502 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Silcox-Merritt Funeral Service. Cumberland, Md DAIMAY

MARYLAND STATE DEPARTMENT OF HEALTH

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APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

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within 24 hours after

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

VR A13

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

06209

-	Type or print) MARY	D	Middle		Lost HADLE	Υ	20. DATE 0		oy 69 Yeor	2b. HOUR 2:50PM
3. 5	FEMALE	4. RACE	WHITE	5. DATE OF BIRTH  95 31 99				6. AGE (In years lest birthdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
COL	BIRTHPLACE (Stote or foreign intry) MARYLAND	7b. CITIZEN OF WH.	Α.	WIDOWE	_	RCED 🗌		EGANY		Md
	CUMBERLAND, M	ID . give st		ART H	OSPITAL	120. USU	AL OCCUPATIO working House	N (Kind of work done g life, even if retired.) sewife	12b. KIND OF INDUSTRY	BUSINESS OR
13o	USUAL RESIDENCE (Where deceonission) STATE NARYLAND	13b. COUNTY	on: Residence before	CUME	ERLAND	13d. INSIDE CITY 1	IMITS? 13e. S	TREET AND NUMBER		
	FATHER'S NAME First DAVID	Middle	Lost HOLM		IS. MOTHER'S M.  (DOUG		irst JANE	Middle		HOLMES
160	(Il yes give v	MED FORCES? war ar dates of service)	16b. SOCIAL SECURITY I		PATIEN	T'S HO	SPITAL		OO SETON UMBERLAN	
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COL	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  VOITIONS CONTRIBUT	Acute m s a consequence of ypertens carredumy of ing to death but no	ive	cardio	vascui ilure	lar di	FN IN PART 1(n)	5 у	days rs days
CERTIFICATION	Generali	zed ost	eoarthri	tis	and ar	terio	scler 20b.	OSIS F YES, WERE FINDINGS ES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CER	21o. ACCIDENT WAS UNDERLYIND OR CONTRIBUTING CAUSE OF DEAL (If either, notify medicol exomit	HOUR A.M.	INJURY Month Doy Yeor		none		r noture of inj	ury in Port 1 or Port 2,	Item 18.)	
ME	While Not while of work		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					y or Town	County	Stote
	22o. I certify that (I) (the save the deceased a cases stated above	is hospital) atte live on May e, (I) (we)(did)(	nded the deceose 21, did not) view the	od fram <sup>[]</sup> 9_69 o oody afte	nd that in (m r deoth.	y) (our) opi	nion death	occurred on the d	ate ond hour	(I) (we) lost and from the
	226. PHYSICIAN'S	Harin	an ma	DE	GREE ATTENDIN		NED. IRECTOR	STAFF PHYS.   35-	DATESIGNED	
230	MANE/Tuna	J. P. HAL	LINAN 23c. NAME OF	EMETERY (				ON (City or Town)		
	REMOVAL (Specify) 5/2 FUNERAL DIRECTOR MORE	24/69	Oak Hi	11 C	emetery 21502	2So. REC'D B	Lono	coning All		
	SILCOX FUNERAL	HOME . C	umberland,	Mar	land	DAMAY	26 19	69 25b. REGISTRAR'S	eles jud	ge.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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,,,,,,	100			CERTIFIC	CATE OF DE	ATH				
1. DECEASED-NAME	First	and the same	Middle		Lost		20. DATE OF			2b. HOUR
(Type or print)	WILL	IAM	В.		HARVEY	116	MAY	Manth 18	Day 1969	8 4
3. SEX		4. RACE			S. DATE OF BIRTH			A AGE (In yours	IF UNDER 1 YE	AR IF UNDER 24 HRS.
MALE		WHIT	E		MAY 8,	1876		lost birthday)	RS. MONTHS D	AYS HOURS MIN
7a. BIRTHPLACE (State	or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED	9.	COUNTY OF			
country) TENNES	SEE	U.S.A.		WIDOWED			ALI	EGANY		N
10. CITY OR TOWN OF	DEATH	11. NAME	OF HOSPITAL OR IN	STITUTION (IF				(Kind of work do		O OF BUSINESS OR
FROSTBU	RG	give stre	et address) MINERS	HOSPI'	TAL	RETTR	ED PR	life even if retired NTER - M	B PRIN	TING CO.
13a. USUAL RESIDENCE admission) STATE	(Where deceose MARYLAN)	d lived, if institution:	Residence before	MT.		INSIDE CITY LIMIT		REET AND NUMBER		
14. FATHER'S NAME	First	Middle	Lost	1	S. MOTHER'S MAIDE	N NAME Firs	t	Middle		last
JACK			HARVEY			NARC	ISSIS	KI	LLINGSW	ORTH
160. WAS DECEASED E			b. SOCIAL SECURITY I		INFORMANT	T. I. A. TO BETTE	er ama	Address		4
NO		4	10-01-892		THOS. A.	HARVE	I, MI.	SAVAGE,		21545 PROXIMATE INTERVAL
18. CAUSE OF C	EATH (Enter and	y ane cause per line f	far (a), (b), and (c).	)		~^	0		BETWI	EEN ONSET AND DEATH
PART I. DE	IMMEDIA	TE CAUSE (o)	a	van	any	00	clu	non	10	veek -
4100		DUE TO, OR AS A	CONSEQUENCE OF	11	140 11	0			8.1	10 - 1
Canditions, if an		(b)			TIC VE	1 ~			7	ton-
stating the und		DUE TO, OR AS A	CONSEQUENCE OF	5.1	2 - andin	. 0	0	40	- 4	ens.
last.	CICALIFICANT CON	(c)	C TO DEATH BUT N	OT DELATED I	THE TERMINAL DIE	00.00	UDITION CVI	The state of the s	1	
35 31 16	SIGNIFICANT CON	DITIONS CONTRIBUTIN	G TO DEATH BUT N	UI KELAIEU I	O THE TERMINAL DI	SEASE OKCO	NULTION GIVE	N IN PART 1(0)		
190. DATE OF OPE	RATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20o. AUTOPSY	?	20b. II	YES, WERE FINDING	S CONSIDERED 1	IN CERTIFYING
AD I					YES 🖂	NO F		S OF DEATH?		
				21c. H	IOW INJURY OCCURR	ED (Enter n	ature of inju	ry in Port 1 or Port	2, Item 18.)	
OR CONTRIBUTING	medical examin		Month Doy Year	,						
ZIU. INJUKT UU	URRED 21e.	PLACE OF INILIRY / AT			OCATION Street or	R.F.D. No.	City	or Town	County	State
While Not v	ork	( or	rice building, etc.					Sar Sar		
22a. I certify	that (1) (this	s haspital) attend	led the decease	ed fram_	5 / 15	_, 196	9, to_	3/18	19 69,1	hat (I) ( <del>we)</del> la
saw the	deceased al	ive an	ductiviou the	4_69, ar	d that in (my) (	<del>our)</del> apini	an death	accurred an the	date and ho	our and fram th
22b. SIGNATURE	Talea abave,	(uiu) (uiu) (ui	view ine		(1)			1 2	22c. DATE SIGNED	) 4
·	John	Lux B	Da	DEG		MET DIR	CTOR	STAFF PHYS.	5/1	
22d. PHYSICIAN'S		73	WOOL		22e. ADDRESS			7		
NAME (Type	JOHN I	B. DAVIS,	M. D.		5	BROAL	DWAY,	FROSTBUR	G, MD.	21532
23a. BURIAL, CREMATI	ON, 23b. D	ATE	23c. NAME OF	CEMETERY OF	CREMATORY		23d. LOCATI	ON (City or Town)	(County)	(Stote)
BURIAL (Specif	1.4.46	21, 1969		WN CE	THE RESERVE OF THE PARTY OF THE		NASH	WILLE, T	ENN	
24. FUNERAL DIRECTO			ADDRESS			REC'D BY	REGISTRAR	2Sb. REGISTRA	AR'S SIGNATURE	
JOSEPH R	DURST,	FROSTBUF	RG, MD. 2	1532	DA	MAY 2	2 19	69 Jelie	mes yo	wy
									U	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0621 2b. HOUR First Middle 2g. DATE OF OEATH Lost FLORENCE LEONA Day 69 Year HENRY 5 Month | 4 RACE S. DATE OF BIRTH 03 08 01 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. FEMALE WHITE last birthday) 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WEST VIRGINIA U. S. A. ALLEGANY WIDOWED IV OIVORCEO [77] 10. CITY OR TOWN OF OEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR during most of working life, even if retired.) NONE Former Packer INDUSTRY. Amunition HEART HOSP. CUMBERLAND, MD. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY MINERAL YES 🔽 NO [ POTOMAC STREET RIDGELEY First Middle Lost 1S. MOTHER'S MAIDEN NAME First Last ALBERT DECKER (KIGHT) **ESTELLA** DECKER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 900 SETON DRIVE Yes, no, or unknown) (If yes give wor or dates of service) 215 20 6912 PATIENT'S HOSPITAL CHART CUMBERLAND. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which gave ) rise to immediate cause (a). stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street at R.F.D. Na. City or Town State County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1969, to 1969, to 1969, that (I) (we) last saw the deceased alive an 1969 of the date and have and from the causes stated abave, (I) (we) (did) (did hat) view the body after death. 22c. DATE SLENED DEGREE DIRECTOR 22d. PHISICIAN'S M. SCHINDLER 43 GREENE ST., CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) Hillcrest Burial Park. Cumberland. 5114/69 Allegany H. Wayne George

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

ADDRESS

requires that the death certificate be executed within 24 hours event in any please rem the attending physician and sit permit. Then please rem 0 signed by the burial-transit has been O FUNERAL DIRECTOR: After this certificate be retained by the haspital ar directar,

after death

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I. DECEASED-NAME

3. SEX

(Type or print)

14 FATHER'S NAME

22b. SIGNATURE

24. FUNERAL DIRECTOR

GEORGE'S FUNERAL HOME Cumberland. Md.

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oversand, Adligator Mr.	nini Path,	Historia a	36505	517A336F TF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) HENRY NM I HITCHINS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) MALE WHITE 3/20/77 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) one-completely filled in MARYLAND USA ALLEGANY WIDOWED X DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give stre Pedra HOSPITAL during impoper working life, even if retired.) CUMBERLAND carbon 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER MARYLAND 13b. COUNTY ALLEGANY FROSTBURG YES NOX ROUTE -BOX 150 dny 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle STEVENS MARY ANN HITCHINS ames physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 900 SETON DRIVE Yes, no, or unknown) 217 10 6491 SACRED HEART HOSPITAL APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ( PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION has been 190. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [ TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY. 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from. saw the deceased glive an 1967, and that in (my) (our) apinian death occurred on the dote and hour and fram the causes stated obove (1) (we) (did) (did nat) view the body after death 22b. SIGNALURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22e. ADDRESS. NAME (Type) DR. S. G. WEISMAN 59 GREENE STREET -CUMBERLAND. MD. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) B REMOVAL (Specify) rostorna Memoria nosthura

24. FUNERAL DIRECTOR

DURST FUNERAL HOME

ADDRESS 57 FROST AVE 250.

-FROSTBURG, MARYLAND

REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

Williams

County

06212

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IF UNDER I YEAR

12b. KIND OF BUSINESS OR

INDUSTRY RUBBER

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		STATE OF THE PARTY.	
r - Lines Line, no. 21502	FEBRES ELEBRO (E	10.01 1 ,2	05.
	27 FHOST 242	na Field	
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DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

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priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

Health

VR A15ME (5)

## 06220

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. DECEASED-NAME (Type or Print)				ldle		Last				KNOWN	Month	Doy	Year	2b ALOUR
(Type of Frill)		George	Wa.	lter	Hore	hler			DEATH	MATED _	May	14	1969	8:30
3. SEX	4. RACE	S. DATE OF B		6. AGE (In year	IF UND	ER I YEAR DAYS	IF UNDER HOURS	24 HRS.	2c. DATE P	RONOLINCE	D DEAD			2d HOUR
Male	White	May 3	0,1901	6. AGE (In year	PRS.	DATS	HOURS	min	Month	May	Doy 1	4 Yeo	169	9 A M
70. BIRTHPLACE (St		7b. CITIZEN OF W	HAT COUNTRY?	8.	MARRIED	NEVER MA	RRIED 🗌	9. COU	NTY OF DE					
country) Mai	ryland	USA	HVQ2		VIDOWED _		ORCED		Alle	egany	-			Me
10. CITY OR TOWN  Cumber]			NAME OF HOSPIT street oddress)	AL OR INSTITUT			12a. L		CUPATION (				ND OF BUS	INESS OR
odmission) STA	NCE (Where deceo	sed lived, if insti	tution: Residence	e before 13c. Cu	mberl		YES 1		13e. STREE	T AND NUA				
14. FATHER'S NAME	First	Midd		Lost	15. MOT	HER'S MAI	DEN NAME	First		Mi	iddle		Last	1
	Fr	ederick	Horel	aler			N	lary	Amar	ida G	erder	man		
	EVER IN U.S. ARMED		16b. SOCIAL SE	CURITY NO.	17. INFOR	WANT				ADDRE				
(Yes, no, or unkni	OWn) (If yes give	war or dates of service)			Mrs.	Lot	tie E	lor cl	aler,	Cum	berla	and,	Md.	
IB CAUSE O	OF DEATH (Enter an	ly one cause per	line for (a) (b)	ond (c).)	1								APPROXIMATE TWEEN ONSET	
	DEATH WAS CAUSE			, , ,	v Occ	lusi	0.18						idden	
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	f any, which gave	) "		The Lands	onary	Scl	erosi	8						
	ediate couse (a), underlying couse		R AS A CONSEQU		ond,	201	01 001							
lost.	onderlying coose	(4)												
PART 2. OTHER	R SIGNIFICANT COND	OITIONS CONTRIBU	TING TO DEATH	BUT NOT RELAT	ED TO THE T	ERMINAL D	ISEASE OR	CONDITIO	N GIVEN IN	PART 1(a)				
z										109				
190. DATE OF 210. EXTERNA	OPERATION			N FOR WHICH	OPERATION						15	20	. AUTOPSY	y?
E I			WAS PER	FORMED?									YES	NO 🔀
210. EXTERNA			F INJURY Month,	Day, Year	21c. HOW	INJURY OC	CURRED (Er	nter notur	e of injury	in Part 1 c	or Part 2, It	rem 18.)		
PRIMARY CAUSE OF DEA	OR CONTRIBUTING [		A.M. P.M.	19						100				
	OCCURRED 21e.	PLACE OF INJURY	(At hame, farm,	street,	21f. LOCAT	ION Street	or R.F.D. No	),	City	or Town		Count	ly	Stote
WHILE AT WORK	NOT WHILE	ictory, affice build	ing, etc.)		100									
	I certify that I t	ook charge of	the remoins of	described ob	ove, held o	ın Auto	nsv 🗀.	Ins	pectian \$	c] In	nguiry <b>K</b>	7. 01	nd in m	v opinian
	resulted fram:						, ,	_			monner			, 00
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ACTUAL	V-Jana	dist	X96, t	Drel	(1)		ISTANT MED				22b. DATE	SIGNED		
SIGNATURE EXAMINER'S		eact/					UTY MEDICA				May	14,	, 196	9
NAME (Type	Dr. Be	nedict	Skitar	elic,	M.D.	ADD	RESS(Street	t, city, tax	wn, ar caun	nty) Rt.	9, C1	umbe	rlar	id
23a. BURIAL, CREM	NATION, 23b.	DATE		AME OF CEMET	ERY OR CREA	MATORY		23d.	LOCATION	(City or To	wn)	(County)	) (5	itate)
Buria Sp.	ecity) Ma	y 16, 1	.969 S	unset	Memor	ial	Park	Cu	mber:	land.	Alle	ganv	Md.	
24. FUNERAL DIRE				ADDRESS			2Sa. REC'			2Sb. RI	EGISTRAR'S	SIGNATUE	BE	
James	F. Scar	pelli,	Cumber	land,	Md.		DATMA	Y15	9 196	9 4	Clerk	les )	nog	K.

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MARYLAND STATE DEPARTMENT OF HEALTH

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within 24 hours after death

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TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law Poge 4 may be retained by the hospital or attendin

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the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office atong with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Depart Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death. 5

DICAL EXAMINER: This certificate should be executed within 24 hours ofter death

TO DEPUTY

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06216

	CEASED-NAME		First			Mid	dle				Last			2a. DATE KNOWN	Month	Day Year	2b. HOUR
(1	ype or Print)		Kei	nnetl	1	Le	rov			Ke	efer			DEATH MATED Ma	iy 4,	1969 19	11:35a
3. SE	X	4. RACE		S. DATE		TH	6. AC	E (In	years		DER I YEAR	IF UNDER		2c. DATE PRONOUNCED D	EAD		2d. HOUR
Ma	le	Whit	e	MX	Jui	1937 1010.	31	birti	YRS.	MONTHS	DAYS	HOURS	MIN.	州野 4, 1	969	Year 19 7	1:35a M
7a. B	IRTHPLACE (St	ote or foreig	n 7	b. CITIZEN	OF WHA	AT COUNTRY?		8.	MAR	RIED	NEVER MA	ARRIED	9. COU	INTY OF DEATH	-		
count	mar;	yland	30	US	1				WIDO	WED [	DIV	ORCED	1	llegany			Mc
1D. C	TY OR TOWN	-				ME OF HOSPITA							USUAL OC	CUPATION (Kind of work		12b. KIND OF BU	
	oute				give s	reet oddress). emoria	1 H	os	pita	1	DOA		La	f working life, even if ret		THON WO	rks
130.	USUAL RESIDE Imission) STA	TE Md.	deceose	13b. COL		Allega						3d. INSIDE CITY YES TE		811 Maryl		Ave.	
14. F	ATHER'S NAME	Firs	1	1	Middle	0	Last					IDEN NAME		Middle			ost
		Ler	ov		M.	K	eef	er						Elinor Va	lant		
16a. \	VAS DECEASED	EVER IN U.S.		ORCES?	_	16b. SOCIAL SEC			-	. INFOR	MANT		115	ADDRESS	Ten	THE	
(Y	no ar unkn	own) (	If yes give w	var or dates of :	ervice)				N	m.	Lero	v M.	Kee	efer Cumber	Jane	a Ma To	thom
		DEATH WAS	CAUSED			ne for (a), (b),					Sku		-	ier, oumber	Tant	APPROXIMA	ITE INTERVAL SET AND DEATH
	Conditions, it	fany, which	gave )	DUE	ro, or	AS A CONSEQU	ENCE O		(Pas	sser	ger	in 2	car	collision)			
	rise to imme stoting the last.	ediate caus	e (o). (	DUE (I	TO, OR	AS A CONSEQU	IENCE O		(= 0.	3001	-6-7-		Oal	0011101011		100	
	PART 2. OTHE	R SIGNIFICAN	T CONDI	TIONS CON	RIBUTI	NG TO DEATH I	BUT NO	T RE	LATED T	O THE 1	TERMINAL	DISEASE OR	CONDITIO	ON GIVEN IN PART 1(0)			
NO.	19a. DATE OF	ODEDATION				19b. CONDITIO	N FOR	WHI	CH UDEE	MOLTA		-				20. AUTOP	CV2
MEDICAL CERTIFICATION	170. DAIL OF	OLEKATION				WAS PERI			cii oi ci	Allon						YES [	
CER	210. EXTERNA	L CAUSE WAS	5	21b. T	ME OF	NJURY Manth,	Day, Ye	or	21	c. HOW	INJURY O	CCURRED (E	nter notu	re of injury in Part 1 or P	ort 2, Ite	em 18.)	
OICAL	CAUSE OF DE	ALH OK CONTKIR	abot	t 11	:00	May 4	196	59	I	ass	enge	r in	2 ca	r auto acci	dent		
ME	21d. INJURY (	CCURRED	21e. P	LACE OF IN	JURY (A	t home, farm.	street,		21	f. LOCAT	TION Street	or R.F.D. No	0.	City or Town		County	State
	AT WORK	AT WORK	I	lary, office Route	#	51			90	00 y	rds.w	est o	f Me	xico farms	rd.	Alleg.	Md.
	22a.	I certify t	hat I ta	ak charg	e af th	e remains o	lescrib	ed	abave	, held	an Aut	apsy ,	ln:	spection XX, Inqu	Jiry X	and in	my apinian
	death	resulted fi	ram:	Natura	l caus	es 🔲 , 🚜	Accide	nt [	XX,	Suicio	le 🔲,	Hamici	de 🔲	, Undetermined m			30.35
		1		4	1	6' -		1			СН	IEF MEDICAL	L EXAMIN	ER 🗌			
	SIGNATURE	£ Zes	rea	lent	11	retar	eli	c	/		-1Y1. L/.	SISTANT MEI		ANTHIER	2b. DATE S		
	EXAMINER"		-									PUTY MEDIC					
	NAME (Type				1TA	RELIC,								wn, CUMBERLAN			In terms
230.	BURIAL, CREA REMOVAL (Sp Buria	ATION, ecify)	23b.	DATE	104						MATORY	Park	-	LOCATION (City or Town) mberland, A			(Stote)
24.	FUNERAL DIRE	CTOR					ADDR	FSS		-u1	<u> </u>	2So. REC		GISTRAR 2Sb. REGIS	STRAR'S S	IGNATURE_	
Ja	mes F	. Sca	rpel	lli,	Cun	berla	nd,	M	d.			DATE M	AY	6 1969 8	lean	eles Joes	ge :

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MARYLAND STATE DEPARTMENT OF HEALTH

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06225 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleterly filled in by to director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital ar attending physician.

## CERTIFICATE OF DEATH

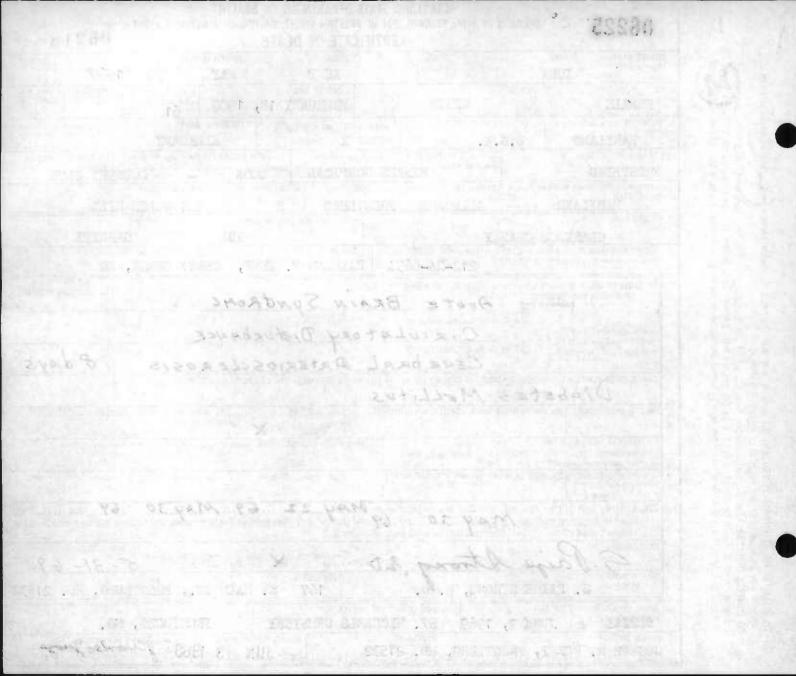
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06218

DECEASED-NAME     (Type ar print)	First IONA	Middle		Lost KEMP	20. DATE O		0041969'ear	2b. HOUR
3. SEX FEMALE	4. RAC	WHITE		S. DATE OF BIRTH FEBRUARY 1	8, 1908	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS OAYS S.	IF UNDER 24 HRS. HOURS MIN
7o. BIRTHPLACE (Stote country)  MARYI	AND U.	S A .	WIDOWED			LLEGANY		Md
10. CITY OR TOWN OF FROSTBUR	G	11. NAME OF HOSPITAL OR IN: give street address)	ERS HO			N (Kind of work dang g life, even if retired		BUSINESS OR
13a. USUAL RESIDENCE odmissian) STATE MAR	(Where deceased lived, YLAND 13b. (	if institution: Residence before OUNTY ALLEGANY	13c. CITY OR FROST	VEC [		STREET AND NUMBER 201 WELSH	HILL	
14. FATHER'S NAME	First  LARENCE CHA			. MOTHER'S MAIDEN NAM	NE First		GARLITZ	Last
Yes, na, ar unknawr	ER IN U.S. ARMED FORCE ) (If yes give war ar dates of	S? 16b. SOCIAL SECURITY I 212–24–06		NFORMANT AYMOND F. K	EMP, CH	Address HEVY CHASE	, MD	
Conditions, if on rise to immedia stoting the und lost.	, which gave te couse (a), but ying couse DUE	TO, OR AS A CONSEQUENCE OF  (c) CERE BR	LATE	PRY DIST	SCLES	20515		Ays
× L	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTICLE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH							ERTIFYING
OR CONTRIBUTING	CAUSE OF DEATH HO	. TIME OF INJURY UR A.M. Manth Doy Yeor P.M. 19		OW INJURY OCCURRED (E				
While Nat wat work of work 22a. I certify saw the	that (I) (this haspi deceased alive on	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ed fram P	that in (my) (our)	9 69. ta	occurred on the o	9 <u>69</u> , that dote ond haur	(I) (we) last and from the
22b. SIGNATURE  22d. PHYSICTAN'S NAME (Type	Paige	Strong, M.D.		EE ATTENDING PHYS. 22e. ADDRESS		STAFF -	c. DATE SIGNED  5 - 3/- BURG, MD	-
230. BURIAL, CREMATIC		23c. NAME OF ST.		CREMATORY LS CEMETERY		10N (City or Town) FROSTBURG,	(Caunty)	(Stote)
24 FLINERAL DIRECTOR						25h PEGISTRAS		

JUN

JOSEPH R. DURST, FROSTBURG, MD. 21532



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06219

00220			CERT	IFICATE OF DEATH			10.15	
	CEASED-NAME ype or print)	First	Middle A	Jenny	2a. DATE OF DEATH  Manth 25	Doy 1969 6	HOUR :30	
3. SE	Femole	4. RACE Hahr	te	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER MONTHS DAYS NOURS	ER 24 HR	
7o. l caur	BIRTHPLACE (Stote or foreign hir)	12 N.	S.A. WIDO	WED DIVORCED	9. COUNTY OF DEATH	4	1	
1	Tembertan	- M& give stre	e of Hospital or Institution Pular	ki St. during m	L OCCUPATION (Kind of work dost of working life, even if retire	d.) INDUSTRY	SS OR	
odm	ission) STATE MICE	deteased lived, if institution 13b. COUNTY			1 HOZ Pul	aski She	it.	
14. 1	FATHER'S NAME First	Middle	nny	15. MOTHER'S MAIDEN NAME F	Middle Ca	vanoupl	2.	
	es, no, Junknown) (If)	.S. ARMED FORCES? yes give war or dates of service)	6b. SOCIAL FECURITY NO.	agnes Car	roll Cum	Inland M.	18	
	PART I. DEATH WAS	nter anly one couse per line CAUSED BY: MMEDIATE CAUSE (a)	for (a), (b), and (c).)	Heart Fu	Luce	APPROXIMATE INTE BETWEEN ONSET AND	RVAL	
	4109 Conditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF	o nitarclis				
	nse to immediate cause stating the underlying e last.		A CONSEQUENCE OF	l				
-	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)			
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORME	D 20a. AUTOPSY? YES NO P	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYIN	NG	
MEDICAL CER	210. ACCIDENT WAS UND  OR CONTRIBUTING CAUSE (If either, notify medical	exominer) HOUR A.M.	Month Day Year	21c. HOW INJURY OCCURRED (Enter		t 2, Item 18.)	2	
WE	21d. INJURY OCCURRED While Not while at work of work			21f. LOCATION Street or R.F.D. No.		Caunty	Stote	
	saw the decen-	(I) (this hospitol) otten sed alive on above, (I) (we) (did) (d	19	m, 19 _, and thot in (my) (our) opi Ifter death.	, to, nion deoth occurred an the	19, that (I) (vertically a second formula of the second formu	we) lo	
1	22b. SIGNATURE	na S. Vince	us- mg	DEGREE PHYS.	IED. STAFF IRECTOR PHYS.	22c. DATE SIGNED		
	22d. PHYSICIAN'S NAME (Type)	larence Vinc	ent	22e. ADDRESS				
230.	PURIAL, CREMATION MEMOVAL (Specify)	23b. DATE 28/69	23c. NAME OF CEMETER	or CREMATORY	23d. LOCATION (City or Town)	allegany D	te)	
	FUNERAL DIRECTOR	Hairi In	- Doress	MAY 250. REC'D B		TAR'S SIGNATURE	7	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

Page 4 may be retained by the haspital ar attending physician.

The state of the state of

The court of the carbon terms and

Incoming as named

# FOR STATE any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the State Department DICAL EXAMINER: This certificate should be executed within 24 hours ofter death Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death, TO DEPUTY

VR A15ME (5)

06227 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		IAFE	DICAL EXAM	HINEK 2 CI	EKTIFICATE	Ur D	CAIN		-0622	2.0
1. DECEASED-NAME (Type or Print)	Will		John.	lle	Lost Kinsma	4		20. DATE KNOWN Month OF ESTI-	Doy Year	2b. HOUR
								DEATH MATED [ Mai	1 3.1989	12:30
3. SEX	4. RACE	S. DATE O		6. AGE (In years lost birthday)	MONTHS DAYS	HOURS	24 HRS.	2c. DATE PRONOUNCED DEAD	V	2d. HOUR
Male	Cau.	8/1:	3/26	dast birthday) 42 YRS.		Hooks	I IIII	Month 3 Day 19	169 Yeor 19 12	2:30 p M
7a. BIRTHPLACE (Sto	te ar foreign	7b. CITIZEN O	WHAT COUNTRY?	8. MAI	RRIED NEVER M	ARRIED 🗍	9. COL	JNTY OF DEATH	-41,	
country) Penn	na.	u.s.	, A ,	WIDO	OWED DIV	ORCED		Allegany		Mo
10. CITY OR TOWN C	OF DEATH		1. NAME OF HOSPITA	L OR INSTITUTION	(If not in haspite			CCUPATION (Kind of wark dane	12b. KIND OF BU	
Cumberl	Land	9	Memorial	2 Hospit	al-DOA	durin	sace	working life, even if retired.)	INRECail	Store
		ased lived, if i	nstitution: Residence	befare 13c. CITY	OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER		
admission) STAT	E Md.	13b. COUN	IY Allegan	y Cun	nberland	YES 🗌	NO K	Box 150A Cast	h Valley	Rd.
14. FATHER'S NAME	First	M	iddle	Lost	IS. MOTHER'S MA	AIDEN NAME	First	Middle	Le	ast
	Harry		J. Ku	nsman	A DAME	1	Kath	erine A.	C	arey
160. WAS DECEASED E		D FORCES?	16b. SOCIAL SEC	URITY NO. 1	7. INFORMANT	-19/		ADDRESS		Rd.
(Yes, peas unkno	wn) (If yesigi	War or dam Tol Tor	220-1	5-6129	Mrs. A	udreu	A. 1	Kinsman Box 150	DA Cash	Valley
I 18 CAUSE O	F DEATH (Enter	only one rouse	per line for (o), (b), o						APPROXIMA	ATE INTERVAL
	DEATH WAS CAUS	SED BY:			o from a fron	0.00				SET AND DEATH
Hino	IMMED	DIATE CAUSE (a)			cronary	UECK	IIAA.C	un	Sudder	a
Conditions if	any, which gave		, OR AS A CONSEQUE		Coronari	· Cal	eros		91	
	diate cause (a),	(b).			Communi	300	ewe	140		
	nderlying couse	DUE IC	, OR AS A CONSEQUE	NCE OF						
last.		(c).				,				
PART 2. OTHER	SIGNIFICANT CO	IDITIONS CONTR	IBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL	DISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)		
190. DATE OF	ODEDATION.		TIOL COMPLETION	L COD WALLEY CODE	DATION				Inc. AUTOR	ocvo
S 190. DATE OF	UPEKATIUN		WAS PERF	I FOR WHICH OPE ORMED?	EKATION				20. AUTOP	
190. DATE OF O	611166 11116	lau su							YES	NO XX
	CAUSE WAS OR CONTRIBUTING		IE OF INJURY Manth, D JR A.M.	ay, Year 2	?1c. HOW INJURY (	OCCURRED (E	nter notu	ure of injury in Part 1 ar Port 2,	Item 18.)	
CAUSE OF DEA	TH		P.M.	19			1-			
TIO. HISOKI O		e. PLACE OF INJU factory, office by	IRY (At home, form,	street, 2	21f. LOCATION Stree	t or R.F.D. No	0.	City or Town	Caunty	Stote
WHILE AT WORK	AT WORK	racialy, office bi	strating, ere.)						7	F-TSUP
22a. I	certify that I	took charge	of the remoins d	escribed above	e, held an Aut	opsy ,	In	spection X, Inquiry X	ond in	my opinion
	esulted from:			ccident .	Suicide ,	Homici		Undetermined manner		
	1		01			HEF MEDICAL				
ACTUAL	19000	dist	Xoita	relie	)	SISTANT MEI			E SIGNED	
SIGNATURE	- LUCE	svicu			m.u.	PUTY MEDIC			1969	
NAME (Type)	BE	NEDICT	SKITARELI	C. M.D.				OWN, OF CUMBERLAND.		0
23a. BURIAL, CREMA		b. DATE	23r NA	ME OF CEMETERY	OR CREMATORY			LOCATION (City or Town)		(State)
BLUVELLE	17.3	16/69			rial Par	h	100			(5.010)
24. FUNERAL DIRECT		, -, -,	Durk	ADDRESS	ruic ru	2Sa. REC		umberland Alle GISTRAR 2Sb. REGISTRAR'S	STIGNATURE MC	d
		orne	Cumberlan			DATMA			May Jacon	gre.
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Cash Maddell His.	ACCV YOU						
Cause	SEAR	e per		idama (G.)		N. 1314	
a 130A Casa Vacco	ed remark	A A SOLE	insh "assa s	1212-01-	132		100
Sunta		enicasiona ()	OKON EKH				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06221 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR Lost be exeluted within 24 haurs after death (Type ar print) Month 23Doy 69Yeor MAY 10:45 DANIEL TMM KTOTZ 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) MALE WHITE 7, 1883 attending physician and campletely filled in by permit. Then please remave carban papers. Pon, or remaval, and in any event, within 72 haur 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED T DIVORCED [ ALLEWANY MARYTAND 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
MINORS FROSTBURG 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY NONE Last IS. MOTHER'S MAIDEN NAME First Middle Last KTOTZ MARY PPPE CHRISTIAN The law requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, my gryunknown) (If yes give war or dates of service) NEWMAN GRANTSVILLE 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Diffuse bilateral pneumonitis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Candida & staphlyococcus organisms signed by the burial-transit p Conditions, if any, which gave: rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause 6 weeks Chronic obstructive lung disease directar, page 3 shauld be detached far use as the burial-shauld be filed with the State Dept. af Health priar ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) pulmonary infarct, left O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO.K Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while to wark 22a. I certify that (I) (this hospital) attended the deceased from April 8, 19, 69 to May 23, 19, 69, that (I) (We) last saw the deceased alive an May 23, 19, 69, and that in (my) (our) apinian death accurred an the date and hour and from the causes stated abave, (I) (wg) (did) (did nat) view the body after death 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) STRONG ST?FROSTBURG, MD. 23b. DATE 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY ST PAUL'S CEMETERY ADDRESS GRANTSVILLE, MD.

VR A15ME (5)

(County) REMOVAL (Specify) Buria 5/16/69 Sunset Memorial Park Cumberland, Allegany, Md.
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Philip B. Wendt 121 Memorial Ave., Cumb., Md. DATAAAY 1 Stiller an Isedal

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12b. KIND OF BUSINESS OR

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL CERTIFICATION	PART 2. OTHER S  19a. DATE OF OPE  21a. ACCIDENT N  DR CONTRIBUTING (If either, notify 21d. INJURY OCC While at wark 22o. I certify saw the causes s 22b. SIGNATURE	erlying couse  SIGNIFICANT CO  RATION 19b  WAS UNDERLYI  G CAUSE OF DEA  medical exam  LURRED 21e  while 21e  deceased of the	DUE 10, OR  (c)  NDITIONS CONTRIB  CONDITION FOR W  NG HOUR A.M. P.M. PLACE OF INJURY  This haspital) at alive an e, (1) (we) (did	UTING TO DEATH BUT N HICH OPERATION WAS PE  OF INJURY Month Doy Yeor To AT HOME, FARM, STREET, FAM OFFICE BUILDING, ETC.  Tended the deceose (did not) view the	OT RELATED TO REFORMED  21c. H  9  CTORY.) 21f. L  ed from 19 6 7, an body ofter  DEG  CEMETERY OR	20a. AUTOPSY?  YES NO DOWNINJURY OCCURRED (Enter  DOCATION Street at R.F.D. No  docath.  ATTENDING PHYS.  22e. ADDRESS  2 BROAI	20b. III CAUSE er nature of inju  c. City Co-7, ta sinian death  MED. DIRECTOR   DIRECTOR   23d. LOCATI	F YES, WERE IS OF DEATH?  Iny in Part 1  Or Town  STAFF PHYS. [  FROST  ON (City or T	ar Port 2, 1  7, 19  In the da  22c. L  BURG  Own)	County  County	State (I) (we) lateral

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the luneral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 29 Poge 4 moy be retained by the hospital or ottending physician.

VR A15 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06224 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle funeral and 2 redeath. Lost 2o. DATE OF DEATH 2b. HOURA with 24 hours after deoth (Type or print) ETHEL LIGHT 3. SEX 4. RACE S. DATE DF BIRTH 6. AGE (In years lost bighday) 09-23-83 FEMALE WHITE 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stots or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (Country) WEST VIRGINIA U.S.A. WIDOWED Y DIVORCED | ALLEGANY COUNTY 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR during mast af working life, even if retired.) INDUSTRY CUMBERLAND HOSPITAL event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER low requires that the deoth certificate be executed odmission) STATEMARYLAND 13b. COUNTY RAWLINGS. YES RT. #3, \*0X 46 remove 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Lost PHILLIP EDWARD BALLARD ) ELIZABETH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address MD, 21502 Yes, no prunknawn) (If yes give war or dates af service) 214-32-2906 SACRED HEART HOSPITAL, 900 SETON DR., CUMB. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED 8Y: ARCINOMA TAIL OF IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave buriol-tronsit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2- OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate hos been 20a AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? YES 🗀 NO [ be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INIURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical exominer)

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,)

23c. NAME OF CEMETERY OR CREMATORY

21f. LOCATION Street or R.F.D. No.

City or Town

County

and that in (my) (our) apinion death occurred on the date and have and from the

ATTENDING 22e. ADDRESS

DIRECTOR

23d. LOCATION (City or Town)

59 GREENE ST., CUMB., MD. 21502

22c. DATE SIGNED

(County) (State) Md.

24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION,

22b. SIGNATURA

21d. INJURY OCCURRED

While Nat while at work

saw the deceased alive on\_

5/10/69

(NAME (Type) S.G. WEISMAN, M.D.

23b. DATE

22a. I certify that (1) (this hospital) attended the deceased from

couses stated above (1) (we) (did) (did nat) view the body after death.

ADDRESS

Philos

III CHURCH ST., WESTERNPORT MA

Westernport 250. REGISTRAR 3635b. REGISTRAR'S SIGNATURE

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O'A STORES		769	re-

Silcox-Merritt Funeral Service. Cumberland, Md

executed within 24 haurs after death

certificate

requires that the death

and campletely filled in by the

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O FUNERAL DIRECTOR:

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

,				/	
CERT	IFIC	ATE	OF	DEA	TH

06226

	DECEASED-NAME	First		Middle		Lost		2o. DATE O	F DEATH			2b. HOUR
(	(Type ar print)	BENJA	NIMA	1.		MARX	(		Month	Pay	6 <sup>Yeor</sup>	11:18
3. 5	SEX		4. RACE			5. DATE OF E	BIRTH		6. AGE (In	yeors		IF UNDER 24 HRS.
	MALE		WHITE			5-	3-91		6. AGE (In last bigh	YRS.	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (Stote ontry)	or loreign 7b.	CITIZEN OF WHAT	COUNTRY?	8. MARR	ED NEVER MA	RRIED	9. COUNTY O	FDEATH			
COU		ANIA	U. S. +		WIDOW		ORCED 🗍		<b>EGAN</b>			Md.
10.	CUMBERL		give stree	OF HOSPITAL OR INS			12a. USU. during_m	AL OCCUPATION	(Kind of w	ark done retired.)	12b. KIND OF B	USINESS OR
120	. USUAL RESIDENCE		M M	EMOR LAL		OR TOWN	13d. INSIDE CITY L					
adn	nission) STATE	LAND	ACLEGA	NY C		ERLAND			FREET AND N		ER AVE	NUE
14.	FATHER'S NAME	First	Middle	Lost		15. MOTHER'S A	ALDEN NAME F	First		Middle	CO	LDEN
		ERSHEL		MARX			2	ARAH			60	LDEN
	<ol> <li>WAS DECEASED EVI Yes, no, or unknown)</li> </ol>			b. SOCIAL SECURITY N	10.	7. INFORMANT		OCOLT		Address	NI AND	1 ID
_	1					MEMUF	RIAL H	OSPITA	AL C	UNBER	RLAND,	MU .
	18. CAUSE OF DE			or (a), (b), and (c).)							BETWEEN ON	SET AND DEATH
	11115 3	IMMEDIATE	CAUSE (a) Bro	ncho Pneu	moni	a bilat	eral				5 day	S
	412			CONSEQUENCE OF								
	Conditions, if any			te Ventri							6 day	S
	stating the unde		DUE TO, OR AS A	CONSEQUENCE OF	aroy	ysmal A	uricula	ar Fibr	illati	ion	Over 1	O years
	last.		(c) Core	onary Art	eric	scleros	is Wyoc	cardial	Fibro	osis.		
	PART 2. OTHER SI	GNIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT NO	T RELATE	TO THE TERMINA	AL DISEASE ORG	CONDITION GIVE	N IN PART 1	(a)		
NC	Uremi	a, Beni	gn Hyper	trophy of	Pro	state						
CATI	190. DATE OF OPERA	ATION 19b. CON	DITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUT	OPSY?				NSIDERED IN CER	TIFYING
CERTIFICATION						YES	-		S OF DEATH?			
	210. ACCIDENT W		HOUR A.M. N	IURY Nanth Day Year	210	. HOW INJURY OC	CURRED (Enter	r nature af inju	ery in Part 1	or Part 2, Ite	em 18.)	
MEDICAL	(If either, notify n	nedical examiner)	P.M.	19 19								
ME	21d. INJURY OCCU While Not what wark at wark	RRED 21e. PLA	CE OF INJURY (AT I	HOME, FARM, STREET, FACT ICE BUILDING, ETC.	ORY.) 211	LOCATION Stre	et ar R.F.D. Na.	. City	ar Town		County	State
	22a. I certify	that (I) (this h	aspital) attend	ed the decease	d fram.	May 4	196	9 , ta	мау	5 939	69 that (	I) (we) Inst
ĕ	saw the	deceased alive	an Ma	y 9, 19 I nat) view the b	169,	and that in (n	ny) (aur) api	inian death	accurred o	n the date	e and haur a	nd fram the
9	22b. SIGNATURE	1			-		. /			22c. DA	ATE SIGNED	
	1	yourth!	Medlan	0.0	D	EGREE PHYS.	D	MED.	STAFF PHYS.	] 5.	-10.6	9
	22d. DHYSICHAN'S WAME (Type)	//			173	22e. ADI	ORESS	RLAND	LID			
	- MAMIE (Type)	DR.	S. JACO				COMBE	KLANU	, 1/10.			
23a.	BURIAL, CREMATION	23b. DAY	1.110	23c. NAME OF	EWLTERY	OR CREMATORY		23d LOCATI	ON (City or T	ower?	(County) M	(Stote)
1	Swill	2/	11/69	Easi	1/1	en (	em.	(sem	ber	land	allen	my VIX
24.	FUNERAL DIRECTOR	17	- 0	DDRESS	1	1400	2So. REC'D B	REGISTRAR	25b R	EGISTRAR'S SI	GNATURE	1.
-	Luis	siev	2 Mer	· Lu	16.	WX	DATE	3 1969	1	lances	2024	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b first uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician. VR A15

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Lost 20. DATE KNOWN Month Day Year 2b. HOUR (Type or Print) OF ESTI-DEATH MATED XMAY MC KAY HESTEL PEARL 11.1969 delay is and 3 ta 9 am PM3. Page 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. pariment 2c DATE PRONOUNCED DEAD 2d HOUR 4. RACE S. DATE OF BIRTH 3. SEX and White Aug. 13, 1897 Female 30 M 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED with form country) Md. Allegany USA WIDOWED X DIVORCED Give Pages with the State 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 902 Michigan Avedurin Reggister edeventified Hospital give street oddress) Cumberland Office along 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. odmission) STATE Md. 13b. COUNTY Allegany Cumberland 902 Michigan Ave. in Item 18. YES X NO and 2 after Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Inst Charles Twigg Catherine Goldsborough Fox pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Sons in pencil i be executed within (Yes, no, or unknown (If yes give war or dates of service) Cyril J. & Joseph K. Mc Kay, Cumberland, Md. File 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY pending CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave CORONARY SCLEROSIS rise to immediate cause (a), writing the ward shauld DUF TO OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 HYPERTENSIVE CARDIOVASCULAR DISEASE remayal, be used 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190. DATE OF OPERATION WAS PERFORMED? YES [ NO T execute the certificate. 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should 0 PRIMARY OR CONTRIBUTING EXAMINER: P.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street. 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) AT WORK AT WORK 22a. I certify that I taak charge af the remains described above, held an Autapsy ... Inspection XX Inquiry XX FUNERAL DIRECTOR: and in my apinian the funeral director. Natural causes XX. Accident . Suicide . Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER MAY 11, 1969 O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC, M.D. 5 may 10 FUNE Health ADDRESS(Street, city, town, or coughUMBERLAND, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION (Stote) May 14,1969 Sunset Memorial Park Cumberland, Allegany, Md. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. VR A15ME (5) Pollegela. Un 10M REV. 1/68

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	06235	DIVISION OF VITAL RECORDS,	ID STATE DEPARTMENT O 301 W. PRESTON STREET, B. CERTIFICATE OF DEAT	ALTIMORE, MARYLAND 21201	06228
	. DECEASED-NAME First (Type or print)	Middle FRANK N.	Lost METZ	20. DATE OF DEATH  5 Month 23	Doy 69 Yeor 5:07 N
3	. SEX	4. RACE WHITE	S. DATE OF BIRTH 8/25/92	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7	o. BIRTHPLACE (Stote or foreign country)  MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	ALLEGANY Md
Ī	O. CITY OR TOWN OF DEATH  CUMBERLAND	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital durin	USUAL OCCUPATION (Kind of work dor g most of working of NER if retired	12b. KIND OF BUSINESS OR INDUSTRY I NER
10	3o. USUAL RESIDENCE (Where deceose dmission) STATE MD.	d lived, if institution: Residence before 13b. COUNTY ALLEGANY	13c. CITY OR TOWN 13d. INSIDE OF SECTION 13d.	NO   13e. STREET AND NUMBER	
L		Middle Lost LIAM METZ		AE First AMY POLA	
	60. WAS DECEASED EVER IN U.S. ARM Yes, no Yes give wo	ED FORCES? If or dates of service)  16b. SOCIAL SECURITY 2 15 10 4	NO. 17. INFORMANT SACRED HEAR	T HOSPITAL RECORDS	900 SETON DRIV S CUMBERLAND, MC
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CON	TE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  QITIONS CONTRIBUTING TO DEATH BUT N  ONDITION FOR WHICH OPERATION WAS PE	wolder	20b. IF YES, WERE FINDING	S CONSIDERED IN CERTIFYING
	190. DATE OF OPERATION 19b. C	HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (	CAUSES OF DEATH?  Enter noture of injury in Port 1 or Port	2, Item 1B.)
	While Not while 22a. I certify that (I) (this saw the deceased all		ed from 4-23-1, and that in froy (gur)		County Stote  19_69_, that (1) (we) last date and haur and fram the
	22b. SIGNATURE	E. PAUL	DEGREE ATTENDING PHYS.	MED. STAFF CHANIC ST -CUMBER	2c. DATE SIGNED 5-26-69 LAND, MD. 21502
2	30. BURIAL (REMATION, 23b. 0	28/69 23c NAME OF Laure	CEMETERY OR CREMATORY	23d LOCATION (City of Lown) MOSCOW MILLS	(County) M (Stote)
2	4. FUNERAL DIRECTOR BOAL'S FUNERAL	HOME -WESTERNPORT	MD. 21562 250. REC	D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE

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23a. BURIAL, CREMATION,

Buria 24. FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE

CUMBERLA ND, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2Db. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) Stote County 22c. DATE SIGNED CUMBERLAND, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) Grantsville, Garrett, Md. Grantsville Cemetery

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IF UNDER 1 YEAR

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### MARYLAND STATE DEPARTMENT OF HEALTH \$6238 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	
MILLICAL	FVWIIIIIII 2	CENTILICATE	VI PLAIII	

() () (0)		MEDIC	AL EXAMI	NER'S	ERTIFICATI	OF DE	ATH		06	23	1	
1. DECEASED-NAME (Type or Print)	First		Middle		Last	11/4		2a. DATE KNOWN	Month	Day	Yeor	2b. HOUR
(Type of Pillil)	Le	na			Morgan	1		OF ESTI-	May	16	169	4:30M
3. SEX	4. RACE	S. DATE OF BIE	RTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER		2c. DATE PRONOUNCE	D DEAD			2d. HOUR
Female	White	Sept.	12,1887	81 YR		HOURS	MIN	Manth May	Day 16	Year	1969	5:00F
70. BIRTHPLACE (Stot		b. CITIZEN OF WE			ARRIED NEVER M	ARRIED 🗍	9. COU	INTY OF DEATH				
country) Mary	land	USA		WII	DOWED DI	VORCED [		Allegany				Md
10. CITY OR TOWN O					ON (If nat in haspite		SUAL OC	CUPATION (Kind of w		12b. KIND	OF BUSII	1000
Cumber			street address) 3			Rd .	most of	f warking life, even if usewife	retired.)	INDUSTRY Own	1 Hor	ne
13a. USUAL RESIDEN			utian: Residence b	efare 13c. CIT	Y OR TOWN	13d. INSIDE CITY I	LIMITS?	13e. STREET AND NUM				
admission) STATI	Md.	13b. COUNTY	Allegan	y Cu	mberland	YES N	10 D	301 E. 0	ldtow	m Ro	oa d	
14. FATHER'S NAME	First	Middle		Last	15. MOTHER'S M	AIDEN NAME	First	Mi	iddle		Last	
	John		Dicken		100		J	eannette	Oste	r		
160. WAS DECEASED E			16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	51/2		ADDRE			ghte	r
(Yes, na, or unknown no	WII) (If yes give t	var or dates of service)	1000		Mrs. El	sie E	ast	on, Cumbe	rland	, Me	l.	
18. CAUSE O	F DEATH (Enter anl	y ane cause per l	ine far (o), (b), an	d (c).)							PROXIMATE I	
PART I. I	DEATH WAS CAUSED	BY: TE CAUSE (o)		C	coronary	Occ.	lusi	on		Sud	den	NIO DENIII
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	ony, which gave	(b)			Coronar	y Sc.	lero	sis		-	-	
	diote cause (a), (	DUE TO, OR	AS A CONSEQUEN	CE OF					4 9 60			100
lost.	Matrial Coose	1-1								183		
PART 2. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT	T NOT RELATED	O TO THE TERMINAL	DISEASE OR (	CONDITIO	N GIVEN IN PART 1(o)				
					TO THE PERMITTEE	DISCHOL OR C	CONDINO	W OIVER IN PART I(O)				
19a. DATE OF (	OPERATION	-1-1-1	19b. CONDITION I	FOR WHICH OI	PERATION	7 7 7 5				20.	AUTOPSY	?
Z.			WAS PERFOR	RMED?							YES 🗀	NO X
21a. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Manth, Da	y, Year	21c. HOW INJURY	OCCURRED (Er	nter notu	re af injury in Part 1	or Part 2. Ite	em 18.)		
FRIMARY C	OR CONTRIBUTING	HOUR A.	M.	19		(2)		to an injury in rail r	ar r arr 2, 110	JIII 10.,		
CAUSE OF DEA			M. At home, farm, str		21f. LOCATION Street	et or R F D. No.		City or Town		County		State
WHILE AT WORK		tory, office building	ig, etc.)	.001,	211. 200111011 01101	, o, k., o, i, o,	•	city of rown		Coom		31010
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deoth re	esulted from:	Natural cou	ses 🗷 , / Acc	ident [],	Suicide,	Homicid	fe [],	Undetermined	monner			
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SIGNATURE	sen	edich	XX	rare	111.0.	SSISTANT MED		MINER	22b. DATE :	SIGNED 16	7.96	50
EXAMINER'S NAME (Type)	Dr. Be	nedict	Skitare	lic,M	.D. DI	EPUTY MEDICA DDRESS(Street	AL EXAMI t, city, to	wn, or county) Rt				
23a. BURIAL, CREMA		DATE	23c. NAM	E OF CEMETER	Y OR CREMATORY		23d.	LOCATION (City or To	wn)	(County)	(Sto	ate)
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24. FUNERAL DIRECT	TOP 901			ADDDECC		2Sa. REC'I	D BY REC	GISTRAR 2Sb. R	EGISTRAR'S	IGNATUR		
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16239 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttem6 FilmG413 5/29/69 kk CERTIFICATE OF DEATH CERTIFICATE OF DEATH 06232 Lost 1. DECEASED-NAME First Middle 20. DATE OF DEATH (Type or print) Martha Morris ease remave carbon pagers. Pages and in any event, within 72 bours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS White 1/29/90 Female and campletely filled in by 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 ha country) U. S. A. DIVORCED WIDOWED | Allegany, Cumberland
12a. USUAL OCCUPATION (Kind of work done | 12b. KINI Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OF INSTITUTION (If not in hospital give street oddress) Allegany County 12b. KIND OF BUSINESS OR Maryland Cumberland, during most of working life, even if retired.) INDUSTRY Housewife 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN admission) STATE Maryland 13b. COUNTY Allegany Frostburg 13d. INSIDE CITY LIMITS? 130 STREET AND NUMBER Frost Village 14. FATHER'S NAME Virginia Middle IS. MOTHER'S MAIDEN NAME First lost Morris Atkins George 17. INFORMANT P. O. BOX 509 Address Allegany County Infirmary Records 16b. SOCIAL SECURITY NO. 220-46-5256-T 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, or unknown) crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ! burial-transit rise to immediate cause (o). CONSEQUENCE OF DUE TO, OR AS stating the underlying couse signed burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? far use Health p YES T NO F by the haspital ar this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work TENDING 22a. I certify that (I) (this haspital) attended the deceased fram February 1.49 69, ta Page 4 may be retained by t TO FUNERAL DIRECTOR: After May IC saw the deceased alive an May 12, 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. directar, page 3 shauld should be filed with the 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR w/1. DIGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) (Stote) 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City of Town) (County) 2So. REC'D BY REGISTRAR 2Sb. REBISTRAR'S SIGNATURE VR ATS (4) Charles Inda 30M REV.

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# FOR STATE HEALTH DEPT. at of

2, and 3 to Page

any delay is

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with th Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1,

DICAL EXAMINER:

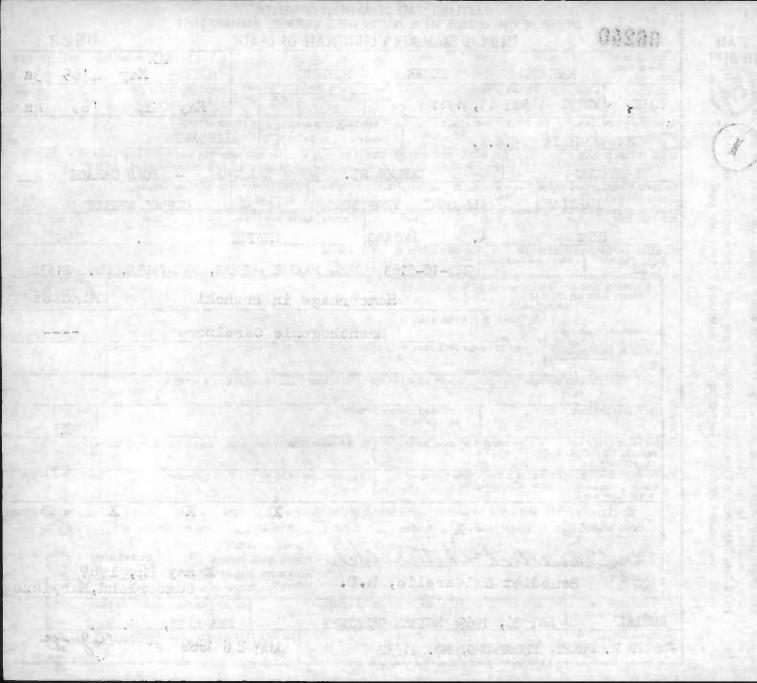
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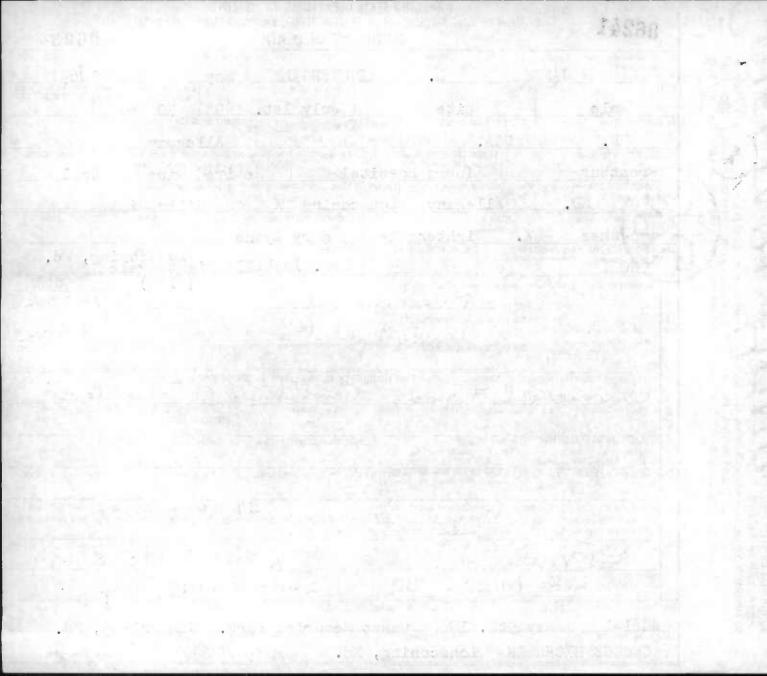
This certificate shauld be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06233

1. DECEASED-NAME	First		Mide	dle		Lost			20. DATE KNOWN MO	onth [	Doy Yeor	2b. HOUR
(Type or Print)	RAYMO	OND	JES	SE	MC	YERS			OF ESTI- DEATH MATED [ ]	ay	24:69	3a M
3. SEX MATE	4. RACE WHITTE	S. DATE OF BIR		6. AGE (In years last birthday)	MONTHS	DAYS	IF UNDER HOURS	24 HRS MIN.	2c. DATE PRONOUNCED DEA	D	Year	2d. HOUR
				58 YF		WENTER 111		0.401	May 211		186	48 M
70. BIRTHPLACE (Stote country) WEST		b. CITIZEN OF WH			DOWED		RCED [		INTY OF DEATH		1	
	IRGINIA	U.S.A	AME OF HOSPITA							1	2b. KIND OF BU	Mc
10. CITY OR TOWN OF FROST!			treet oddress)	CONSOL			during	ALES	CUPATION (Kind of work do f working life, even if retire MAN FOR	ed.) [1	NDUSTRY ARAGE	SINESS OK
130. USUAL RESIDEN	E (Where deceose		tion: Residence	before 13c. Cl	TY OR TOW	N 13c	I. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER			
odmission) STATE	MARYLAND	13b. COUNTY A	LLEGANY	FRO	STBUR	G	YES 🔲 1	NO T	CONSOL	STR	PIER	
14. FATHER'S NAME	First	Middle		Lost	15. MO	HER'S MAIL	DEN NAME	First	Middle		lo	st
I	ERT	A		MOYER	S		MEI	RTIE	E.		JUDY	
160. WAS DECEASED EV	ER IN U.S. ARMED FO		16b. SOCIAL SEC		17. INFOR	MANT			ADDRESS	123		
(Yes, no, or unknow	(If yes give w	ar or dates of service)	223-10	-5163	MRS	. MAX	CINE !	MOYE	RS. FROSTBUR	G.	MD. 21	532
18. CAUSE OF	DEATH (Enter only	one touse per li									APPROXIMAT	E INTERVAL
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PART 2. OTHER S	IGNIFICANT CONDIT	TIONS CONTRIBUTI	NG TO DEATH B	BUT NOT RELATE	D TO THE T	ERMINAL DI	SEASE OR	CONDITIO	ON GIVEN IN PART 1(o)		1	
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190. DATE OF O	PERATION			N FOR WHICH O	PERATION						20. AUTOPS	.Y?
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			INJURY Month, D	ογ, Yeor	21c. HOW	INJURY OC	CURRED (Er	nter notu	re of injury in Port 1 or Por	t 2, Iter	m 18.)	
PRIMARY OF DEAT	CONTRIBUTING [	P.		19	1.00							
	21011	LACE OF INJURY (		street,	21f. LOCAT	ION Street	or R.F.D. No		City or Town		County	Stote
WHILE NO	T WHILE TOCT	ory, office buildin	g, etc.)									
	certify that I to	ok charge of t	ne remoins d	escribed obo	ve held	n Auto	nsv 🟋	lns	spection K, Inquir	v 🔼	and in n	ny opinion
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ACTUAL	2000	diet	Skil	are	lice					DATE SI	IGNED	
SIGNATURE	Jens	and		1		DEPI	ITY MEDICA	AL FYAMI	NER X May 24			
EXAMINER'S NAME (Type)	Bene	dict S	kitare	lic,	$M \cdot D \cdot$				wn, or coundumber			rland
23o. BURIAL, CREMA	ION, 23b.	DATE	23c. N/	AME OF CEMETER	RY OR CREI				LOCATION (City or Town)			State)
BURLAL	(v)	Y 26, 1		YERS CI						W. 7		
24. FUNERAL DIRECTO		200	JOJ MC	ADDRESS	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		25o. REC'I	D BY PE	GICTEAD OCH DEGICAL			00
JOSEPH R.	DURST.	FROSTBU	RG. MD.	21532		36.20	DATEMA	Y 2	6 1969 /	and the	0	





MARYLAND STATE DEPARTMENT OF HEALTH

RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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0624	3			CERTIFICA	TE OF DEAT	Н			002	36
1. DECEASED-NAME (Type or print)	First JOHN		Middle FRANCIS	01	SULLIVAN	20. DA	TE OF DEATH  MAY  MAY	Pg	1969	2b. HOUR
3. SEX MALE		4 RACE WHIT	E	5	10 -04 -17		6. AGE (In year lost birthday	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (Stote country)  IRELAN	9	7b. CITIZEN OF W		8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		Y OF DEATH LEGANY			M
10. CITY OR TOWN OF D		11. N giv <b>g</b>	AME OF HOSPITAL OR IN	NSTITUTION (If not			TION (Kind of work king life, even if re		INDUSTRY	BUSINESS OR RCULES
13a. USUAL RESIDENCE admission) STATE	(Where deceos	ed lived, if instituted in the lived in the	tion: Residence befare	13c. CITY OR T	OWN 13d. INSIDE O		Be. STREET AND NUMBER 118 WINST	BER		
14. FATHER'S NAME	First IOHN	Middle J.	O <sup>‡</sup> SULI		MOTHER'S MAIDEN NAM	NE First	Mic	ddle	O¹SULLI	Last
Yes, no of unknown	ER IN U.S. ARA		16b. SOCIAL SECURITY	'NO. 17. IN	ORMANT OSPITAL REC		Add	ress		
Conditions, if any nise to immediat stating the under	(H WAS CAUSE)  IMMEDIA  A, which gave te couse (a),  rlying couse	D BY: ATE CAUSE (o)  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE OF	nat o	OF PAR	N CR131				MATE INTERVAL INSET AND DEATH
PART 2. OTHER SI			ITING TO DEATH BUT I		THE TERMINAL DISEASE  20a. AUTOPSY?  YES NO	2	GIVEN IN PART 1(o)  Db. IF YES, WERE FIND  AUSES OF DEATH?	INGS CO	NSIDERED IN C	ERTIFYING
OR CONTRIBUTING	CAUSE OF OEAT	HOUR A.M. P.M.	Manth Day Year	19	/ INJURY OCCURRED (I	_	finjury in Port 1 or 1	Port 2, It	em 18.)	
While Not what work at wa	rk		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		ATION Street or R.F.D.		City ar Town		Caunty	State
saw the	deceased a	live an	ended the decease (did not) view the	1961, and	that in (my) (our)	9 <u>69</u> , ta apinian dec	18may ath accurred an t	_, 1,9 <u>_</u> he dat	69, that e and haur	(I) (we) las and from th
22b. SIGNATURE	S	nya.	ek	DEGREE	ATTENDING M	MED.	STAFF DHVs		ATE SIGNED	C

To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely linear in director, page 3 should be detached for use as the burial-transit permit. Then it should be filed with the Stote Dept. of Heolth prior to burial, cremation, or removol, VR A 45M -

executed within 24 hours after death.

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

completely filled in by

and in ony event, within 72 h

PHYSICIAN'S NAME (Type)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

GLICK

23d. LOCATION (City or Town)

912 SETON DRIVE, CUMBERLAND, MD. 21502

(State) Alleg

Md

23a. BURIAL (REMATION, REMOVAL (Specify) 5. 5. 24. FUNERAL SIRETON HAFER FUNERAL JOHN HALOT,

SHIGGLE (BMG)

Gardens Near Cumberland
250. REC'D BY REGISTRAR
25b. REC'HRAR'S SIGNA
1 JMAY 2 2 1969 Restlawn Memorial
ADDRESS
BATE. AME: 64586rlan

22e. ADDRESS

VOHA FILL CLLI (MAY 1 123 11:05 10-0/-17 A: 10 11/ CUMBERLYND SACHED HEALT MOST 17AL COLLINGT ADMINIST AT MERCLE'S II INSYLATO ALLEGARY SUBJECARD X 115 / 1, SLOT ST. JOHN J. (ISULLIA) (EGAN) CATHERINE (1501LIVA) 110-10-705) HUSHIYAL ECCLOS, 900 SERVEN ....

(DIL) 198116 . (DIL)

912 S TON JETE, OURSELTAN, NO. 21502

HIFEM FULLIAL HOLE, LATEALS, ID. 21502 MAY 22 508 - 25 cm 5 graphs

06244 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06237 DECEASED-NAME First Last 2a. DATE OF DEATH (Type or print) ELDON PAXTON 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last bighoay) MONTHS 6-16-02 WHITE MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ottending physician and completely managers. country) CUMB. MD. USA ALLEGANY WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR CUMBERLAND buriol, cremation, or removol, and in ony event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13A COUNE GANY CUMBER LANDYES -NO X ROUTE 1. HOMEWOOD ADDN. 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Last Middle DATSY FRANTZ ELDON PAXTON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no prunknawn) 214-05-7268 MEMORIAL HOSPITAL, CUMBERLAND, MD. 1B. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (6) PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit p Conditions, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 O FUNERAL DIRECTOR: After this certificate Poge 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram sow the deceased olive on , 19.6 to 12 m 196 G ope that in (my) (our) apinion death occupred on the date and hour and from the causes stated above, (1), (we) (did) (did, not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE BLANE 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BEMOVAL (Specify) 5/6/69 Zion Memorial Park Cumberland Allegany Maryland 24. FUNERAL DIRECTOR 21502 2Sa. REC'D BY REGISTRAR **ADDRESS** 25b. REGISTRAR'S SIGNATURE VR At5 Silcox-Merritt Funeral Service. Cumberland, Md DMAY 1969 Circules leeds

24 hours

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requires that the death certificate be ex

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Takina (				
CUMB ERLAND, AB.	.12 31319	CII.	MadqiriHor ah	1 196 2.18 .90
bankean yang til ba		21212		ANT INTER

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Eages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 30M REV. 148

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

				CENTILL	CAIL OI	PEAT					U	060	8
1. DECEASED-NAME	First		Middle		Lost		20. [	DATE OF D		D.		2b.	HOUR Z
(Type or print)	ROBER	RT	TILGHMAN	P	OWELL				Month 5	Doy	8 Yeor	9 11	130M
3. SEX		4. RACE			S. DATE OF	BIRTH			6. AGE (In year		IF UNDER 1 YEAR		
MALI	2	W.	HITE		JAN.	2,18	384	- 1	lost birthdoy)	YRS.	MONTHS DAYS	HOURS	MIN
o. BIRTHPLACE (Stote	or foreign 7	b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED	NEVER M			NTY OF D	DEATH				
(country) MARY	LAND	USA		WIDOWED	_	ORCED	A	LLE	GANY				Md.
IO. CITY OR TOWN OF	DEATH	11.1	NAME OF HOSPITAL OR II		not in hospito		JSUAL OCCU	JPATION (	Kind of work		12b. KIND O	F BUSINESS	
CUMBERLA			MB. NURS		ENTER	0	FFIC	ER	fe, even if reti		BAN	K	
13o. USUAL RESIDENCE odmission) STATE	(Where deceosed	lived, if institution 13b. COUNTY	ution: Residence before	13c. CITY O	R TOWN	13d. INSIDE C	NO []		ET AND NUMBI		TOY O	ma lat	300
MARYL	AND	ALLEG	ANY	CUMBE	RLAND	YES X	NU	110	5 FREI		ICK S	TREE	ST
14. FATHER'S NAME	First	Middle	Lost	1	S. MOTHER'S	MAIDEN NAN	AE First		Mide			Lost	
	ROBERT		WELL			ELIZ	ABET	H	GORE				
16o. WAS DECEASED EV Yes, no, or unknown		D FORCES? or dates of service)	16b. SOCIAL SECURITY	/ NO. 17.	INFORMANT				Addr	ess			
NO	, , , , ,		214 07	1323 1	IRS.	ENTERE	POW	ELL	CUM	BID	RLAND	MD	)
18. CAUSE OF D	EATH (Enter only	one couse per	line (a), (b), and (c	).)		- /		4	61	,	APPRO BETWEEN	XIMATE INTER I ONSET AND (	VAL DEATH
PART I. DEA	TH WAS CAUSED	BY: E CAUSE (o)	Kereby	2l va	Deuk	alle	deix	out	172011	100	4 to	-12-	-69
4339	1		AS A CONSEQUENCE OF	F		155	1		110	10	1		
Conditions, if any		(b)	N/a A	duces	red	alto	ring	rele.	rolera	110	240		
rise to immedio		(-)	AS A CONSEQUENCE OF			1		,					
lost.	)	(c)	aga	in	71								
PART 2. OTHER S	IGNIFICANT COND	ITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED 1	THE TERMI	NAL DISEASE	OR CONDITIO	ON GIVEN	IN PART 1(o)				
7									- 10 fC				
190. DATE OF OPER	RATION 19b. CO	ONDITION FOR W	HICH OPERATION WAS P	ERFORMED	20a. AU	ITOPSY?		20b. IF Y	ES, WERE FINDI	NGS CO	NSIDERED IN	CERTIFYING	G
E					YES [	□ NO	П	CAUSES C	OF DEATH?				
210. ACCIDENT W	AS UNDERLYING	21b. TIME (	OF INJURY	21c. H	IOW INJURY O	OCCURRED (E	Enter noture	of injury	in Port 1 or Po	ort 2. It	tem 18.1		
OR CONTRIBUTING				r		(							
(If either, notify			AT HOME, FARM, STREET, F	19 ACTORY, \ 21f	OCATION St	reet or P.F.D.	No	City o	or Town		County	9	Stote
While Not w	hile	DICE OF HISOKY	OFFICE BUILDING, ETC.	7 211.	ocalion si	TOUT OF KILD.		cii i	101111		count		1010
BOT WORK OT WO	OFK I	hospital) at	tonded the deco	end from	9.9.	1	066	to 6	, X;	10 4	61, the	st (1) (14	- loca
sow the	deceased oliv	ve on	tended the deceo	19 6 7 or	d that in (	my) (our)	opinion d	leoth oc	curred on t	ne doi	e and hou	r and fre	on the
couses s	toted obove,	(I) (we) (did	(did not) view the	body ofter	deoth.	,, (00.,	opinion o			10 001	o <sub>f</sub> ana noo	· ona ne	7111 1110
22b. SIGNATURE	9/1	12	1 1000		ATTEN	DINC	MED		77477	22c. D	ATE SIGNED	1	0
	110	(. / K	XIIIa	MES DEG	REE PHYS.	DING X	MED. DIRECTOR		STAFF PHYS.	2	7-9-	-to	9
22d. PHYSICIAN'S						DDRESS					1		1
NAME (Type)	W. F.	WILL	IAMS, M.	D.	12	2 S.	CENT	RE	ST.CUN	BE:	RLAND	MI	).
23o. BURIAL, CREMATIC	ON, 23b. DA	ATE	23c. NAME OI	F CEMETERY OF	CREMATORY		23d.	LOCATION	(City or Town)		(County)	(Stote	3)
REMOVAL (Specify	MA	Y 11.1	969 HILL	CREST	BURT	AT. PZ	RK	CIIM	BERT.AN	TD	MD		
24. FUNERAL DIRECTOR			ADDRES			2So. REC	D BY REGIS	STRAR	25b. REGIS		SIGNATURE	e.	
T	EVDON I	TOLIM	CHMDE	OT BATT	MID	VASA	1 3 1	MON	K	A.A. THIS	1 12 1		

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.OR . MACHEU CHREELAND . NO.

PHYSICIAN: The law requires that the death certificate be executed within attending TO FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar be detached 3 shauld director, page 3 should should be filed with the

24 haurs after

22a. I certify that (I) (this hospital) attended the deceased from NOV. 1, 1966, taMay 1, 1969, that (I) (we) last saw the deceased alive an April 30, 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS Memorial Hospital, Cumberland, Md. 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Cumberland, Allegany Goda,

Davis Memorial Cemetery

Scarpelli, Cumberland, Md.

1969

PENOYAL (Spenty)

2Sq. REC'D BY REGISTRAR

DIRECTOR

2Sb. REGISTRAR'S SIGNATURE ochon a

County

03239

12b. KIND OF BUSINESS OR

Burton

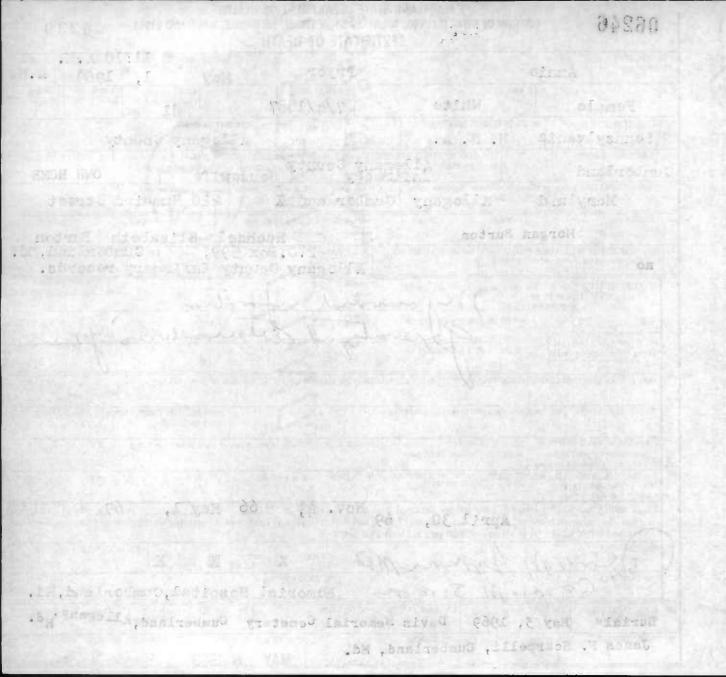
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writing the word certificote certificate. 3 should should may be retained for your FUNERAL DIRECTOR: Page the funeral director. O DEPUTY 5 may O FUNE Health

MARYLAND STATE DEPARTMENT OF HEALTH Item13 FilmG/13 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-OF Vance 5 PM Vernon Rein DEATH MATED IF LINDER 24 HRS 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 2d. HOUR HOURS 58yrs 19 69 5 PM Male White Sept 9, 1910 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9. COUNTY OF DEATH (ountry) Penna U.S.A. WIDOWED [ DIVORCED [ Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY
OWNER & Operator of Reip Garage give street oddress)
DOA-Memorial Hospital Cumberland Rt/#3 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWNRt3 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Mary Land 16. COUNTY AVVegany NO To Cumberland 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME William Reip Elsie Price ADDRESS Rt #3- Box 449 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, or unknown) 220-03-7723 Cumberland, Md Mrs. Mary Reip APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Occlusion Sudden Coronary IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Sclerosis Conditions, if ony, which gove Coronary rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO X YES 🗍 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Dov. Year MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE OF AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection XX InquiryXX, and in my apinian Natural causes XX. Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER May 14. 1969 **EXAMINER'S** Benedict Skitarelic, m.D. NAME (Type) ADDRESS(Street, city, town, or coucumberland, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) Burial (Specify) 5/17/69 Fishertown Pa Cemeterv Fishertown Bedford Penna 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Silcox-Merritt Funeral Service. Cumberland, Md

VR A15ME (5) 10M REV. 1/68

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and 2 death.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06241

MALE   WHITE   O7-106-96	3. SEX	4. RACE	J.		CE DATE OF BIRTH			O5 Doy	IF UNDER 1 YEA	_
To. BIRTHPIACE (Stole or foreign country)  MARYLAND  U.S., A.  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  OCTY OR TOWN OF DEATH CUMBERLAND  U.S., A.  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  OCCUMBERLAND  U.S., A.  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  OCCUMBERLAND  U.S., A.  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  OCCUMBERLAND  U.S. A.  OCCUMBERLAND  U.S. A.  OCCUMBERLAND  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not im hospital)  III. NAME OF HOSPITAL OR INSTITUTION (find not work and not implicate cause or form in hospital)  III. NAME OF HOSP	MALE		WHITE				lost birth	poy)	MONTHS DA	IYS
10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Or Institution Institution (If not in hospital Or Institution Institution (If not in hospital Or Institution Inst	country	3	OF WHAT COUNTRY?	8. MARRIED		9. COUNTY O				
CUMBERLAND   Open and colors of lived, if institution: Residence before   13c. CITY OR TOWN   13a. RODG CITY LIMITS'   13b. STREET AND NUMBER SOME AVE   15t. STATE   13c. CITY OR TOWN   13a. RODG CITY LIMITS'   13c. STREET AND NUMBER SOME AVE   15t. MOTHERS MAME   First   Middle   15t. MOTHERS MAME   15t. MOTH	MARYLAN			WIDOWED X	DIVORCED [	ALL	EGANY	COUNT	Υ,	
130. USIALA RESIDENCE (Where deceased lived, if institution: Residence before combission)   STATE MARYLAND   13b. COUNTALLEGANY   13c. CUMBERLAND   13c. COUNTALLEGANY   13c. CUMBERLAND   13c		A THE REST	11. NAME OF HOSPITAL OR IN	STITUTION (If not	in hospitol 120. U	SUAL OCCUPATIO	N (Kind of wo	ork done	12b. KIND	OF
14. FATHER'S NAME   First   Middle   Lost   S. MOTHER'S MAIDEN NAME   First   Middle   R   Lost   S. MOTHER'S MAIDEN NAME   First   Middle   R   Lost   S. MOTHER'S MAIDEN NAME   First   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   PART 1. DEATH WAS CAUSED BY:   MIMBOLITE CAUSE (a)   Literature of the underlying cause   Lost   Middle   Mi			SACRED HEAR	T HOSPI		JTH CUME	PLAN	ITING' M	LL	Lu
14. FATHER'S NAME   First   Middle   RICE   15. MOTHER'S MAIDEN NAME   First   SOPHIA   Hout	odmission) STATMAR	LAND 13b. COU	NTALLEGANY			NO 3	SUMMA	DXXXXX	Mervi E AVE	NL
160. WAS DECEASED EVER IN U.S. ARMED FORCES?   Yes, no, or Nythonown    161 yes given were deduced service    160. SOCIAL SECURITY NO. 2144-05-8695   17. INFORMANT   SACRED HEART, SETON DR., CUMB., MD.    182. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)   Throughout of purel parties to immediate cause (o)   Throughout of purel parties to immediate cause (o)   Throughout of purel parties to immediate cause (o)   Stating the underlying cause (o)   Stating the underlying cause (o)   Stating the underlying couse (o)   Stating the underlying the under						E First				
Yes, no, or propount)    State   Part   Death (Enter only one cause per line for (o), (b), and (c).)   Part   Death (Enter only one cause per line for (o), (b), ond (c).)   Part   Death (Enter only one cause per line for (o), (b), ond (c).)   Part   Death (Enter only one cause per line for (o), (b), ond (c).)   Part   Death (Enter only one cause per line for (o), (b), ond (c).)   Part   Death (Enter only one cause per line for (o), (b), ond (c).)   Part   Death (Enter only one cause per line for (o), (b), ond (c).)   Part   Death (Enter only one cause per line for (o), (b), ond (c).)   Part   Death (Enter only one cause per line for (o), (b), ond (c).)   Part   Death (Enter only one cause one per line for (o), (b), ond   Dut   Death (c), ond   Dut   Du		_				SOPHIA		H	out	1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	160. WAS DECEASED EVER Yes, no, or woknown)	IN U.S. ARMED FORCES? (If yes give war or dates of serv	16b. SOCIAL SECURITY		ORMANT	CETON	DD (	Address	MD	2
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONTRIBUTING COUSE OF INJURY  210. ACCIDENT WAS UNDERLYING  210.					CRED HEART,	, SETUN	υκ., t	UMB.,		
Due to, or as a consequence of Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  5-27-69	18. CAUSE OF DEATH	ALAC CALLCED DV		//	1 -				BETWEE	EN ON
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Dest.   Color   Death   But not related to the terminal disease or condition given in part 1(o)	4443	DUE TO	, OR AS A CONSEQUENCE OF				//			
Dest.   Color   Death   But not related to the terminal disease or condition given in part 1(o)	Conditions, if ony, w	hich gove) (b	centralose	I all	4 mlus	no acor	tu lhe	ombre	1 2	<
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OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month   Doy   Year   19   21d. INJURY OCCURRED   While   Not while   of work   OFFICE BUILDING, ETC.	lost.	) (c	) Quili	ilner	uyome					
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Yeor   P.M.   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION   Street or R.F.D. No.   City or Town   Country	PART 2. OTHER SIGNI	) (c	) Quili	ilner	uyome					
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Yeor   P.M.   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION   Street or R.F.D. No.   City or Town   Country	PART 2. OTHER SIGNI	(conficent conditions con	) Quiling TO DEATH BUT N	IONELATED TO 1	THE TERMINAL DISEASE C	DR CONDITION GIV	EN IN PART 1(	(o)		N CI
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Doy Yeor   P.M.   Month Doy Yeor   P.M.   Hour a.m.   Hour	PART 2. OTHER SIGNI	ificant conditions <u>con</u>	DR WHICH OPERATION WAS PE	IONELATED TO 1	THE TERMINAL DISEASE OF 200. AUTOPSY?	DR CONDITION GIV	EN IN PART 1(	(o)		N CE
While Not while of work   22a. I certify that (I) (this haspital) attended the deceased from   2 - 19 6 , to 5 - 28 , 19 6 , the saw the deceased above on   19 6 , ond that in (my) (our) opinion death occurred on the date and hou causes stated above, (I) (we) (did) (did nat) view the bady after death.    22b. SIGNATURE   ATTENDING   MED.   STAFF   22c. DATE SIGNED   22d. PHYSICIAN'S NAME (Type)   L. BRNGS, M.D.   22e. ADDRESS   57 GREENE ST., CUMB., MD. 21502	PART 2. OTHER SIGNI  190. DATE OF OPERATIO  5-27-6	on 196. CONDITION FOR	DR WHICH OPERATION WAS PE	IOSCHIOT RELATED TO 1	THE TERMINAL DISEASE OF THE TE	PR CONDITION GIV	EN IN PART 1( F YES, WERE F S OF DEATH?	o) INDINGS CO	NSIDERED IN	N CI
at work of work of work 22a. I certify that (I) (this haspital) attended the deceased from 7-2-, 19 66, to 5-28, 19 66, the saw the deceased alive on 19 66, and that in (my) (our) opinion death occurred on the date and hou causes stated above, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED  22d. PHYSICIAN'S  NAME (Type) L. BRNGS, M.D.  23c. NAME OF CEMETERY OF CEMETARY 23d LOCATION (City of Town) (County)	PART 2. OTHER SIGNI  190. DATE OF OPERATIO  5-21-6  210. ACCIDENT WAS	ON 196. CONDITION FOR Author 216. TILL CAUSE OF DEATH HOUR	DR WHICH OPERATION WAS PE CONTRIBUTING TO DEATH BUT NO DR WHICH OPERATION WAS PE CONTRIBUTED TO ME OF INJURY A.M. Month Doy Yeor	ICALLATED TO 1  ERFORMED  21c. HOW	THE TERMINAL DISEASE OF THE TE	PR CONDITION GIV	EN IN PART 1( F YES, WERE F S OF DEATH?	o) INDINGS CO	NSIDERED IN	N CI
22a. I certify that (I) (this haspital) attended the deceased from 4-2-1966, to 5-28, 1966, the saw the deceased olive on 1966, and that in (my) (our) opinion death occurred on the date and hou causes stated above, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  22d. PHYSICIAN'S NAME (Type)  22d. PHYSICIAN'S NAME (Type)  23d. DEGREE  23c. NAME OF CEMETERY OF CREMATORY  23d. DOCATION (City of Town)  23d. DOCATION (City of Town)  23d. DOCATION (City of Town)	PART 2. OTHER SIGNI  190. DATE OF OPERATIO  5 - 2 1 - 6  210. ACCIDENT WAS  OR CONTRIBUTING  If either, notify med	ON 196. CONDITION FOR A CONDIT	DR WHICH OPERATION WAS PE LITERBUTING TO DEATH BUT N DR WHICH OPERATION WAS PE LITERBUTH OF WELL ME OF INJURY A.M. Month Doy Yeor P.M.	IOT RELATED TO 1 ERFORMED  21c. HOW	THE TERMINAL DISEASE OF THE TE	20b. CAUSt	EN IN PART 1( F YES, WERE F S OF DEATH?	o) INDINGS CO	NSIDERED IN 7 em 18.)	N CE
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NAME (Type) L. BRNGS, M.D. 57 GREENE ST., CUMB., MD. 21502  230. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County)	DOST.  PART 2. OTHER SIGNI  190. DATE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS  OR CONTRIBUTING  (If either, notify med of work of work)  220. I certify the saw the decauses state	ON 19b. CONDITIONS CON  ON 19b. CONDITION FOR  A actic  UNDERLYING CAUSE OF DEATH Idicol exominer)  ED 21e. PLACE OF INJ  Of (1) (this haspital) ceased olive on	DR WHICH OPERATION WAS PERMITTED IN THE OF INJURY  JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.)  Attended the deceos	ERFORMED  21c. HOW  9  CCTORY.) 21f. LOCA  ed from	THE TERMINAL DISEASE OF THE TE	20b.   CAUSI   No. Cit	F YES, WERE F S OF DEATH?  Ury in Port 1 of the process of the pro	or Port 2, Inc. 192 n the date	NSIDERED IN PROPERTY OF THE PR	iot
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230. DUNING CHEMINITOR, 1230. DATE 1230. MAINE OF CEMETERS OR CREMATURE 1 230. LOCATION (City of Town) (County)	DOST.  PART 2. OTHER SIGNI  190. DATE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS  OR CONTRIBUTING  (If either, notify medical of work)  220. I certify the saw the decauses state  22b. SIGNATURE  22d. PHYSICIAN'S	ON 19b. CONDITIONS CON  ON 19b. CONDITION FOR  A actic  UNDERLYING 2 1b. Tic  HOUR  icol exominer)  ED 21e. PLACE OF INJ  of (I) (this haspital) ceased olive on ed above, (I) (we) (	DR WHICH OPERATION WAS PERMITTED TO DEATH BUT NOT BE THE OFFICE BUILDING, ETC.  A.M. Month Doy Yeor P.M.  JURY (AT HOME, FARM, STREET, FA. OFFICE BUILDING, ETC.)  attended the deceosed of th	ERFORMED  21c. HOW  9  CCTORY.) 21f. LOCA  ed from	THE TERMINAL DISEASE OF THE TE	20b. CAUSI Inter noture of ini No. Cit Ppinnon death  MED. DIRECTOR	F YES, WERE F S OF DEATH?  Jry in Port 1 of Y or Town  OCCURRED O	indings (O) or Port 2, Ite	NSIDERED IN THE PROPERTY OF T	not ur
Burian June 1, 1969 Greenmount Cemetery Cumberland, Allegany,  24. FUNERAL DIRECTOR  ADDRESS MD. 21502 250. REC'D BY REGISTRAR 25D. REGISTRAR'S SIGNATURE	Dost	ON 19b. CONDITIONS CON  ON 19b. CONDITION FOR  A actic a  UNDERLYING 21b. TI  CAUSE OF DEATH licol exominer)  ED 21e. PLACE OF INJ  Ceased olive on  ed above, (1) (we) (  Constant of the control of the	DR WHICH OPERATION WAS PERMITTED TO DEATH BUT NO DEATH DOWN OF INJURY (AT HOME, FARM, STREET, FARM OFFICE BUILDING, ETC.)  attended the deceose of the de	ERFORMED  21c. HOW 9 10TORY.) 21f. LOCA ed from 4 19 44, ond if bady after de	THE TERMINAL DISEASE OF THE TE	20b.   CAUSI   CAUSI   CAUSI   No. Cit Dipinion death  MED. DIRECTOR	F YES, WERE F S OF DEATH?  Try in Port 1 of the property of Town  Try or Town  Try	o) INDINGS COI OF PORT 2, Its  n the date  22c. D)	NSIDERED IN THE PROPERTY OF T	ur (

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be executed within 24 haufts after death.

Page 4 may be retained by the haspital ar attending physician.

Page 4 may be retained by the naspiral ar unequiring programs.

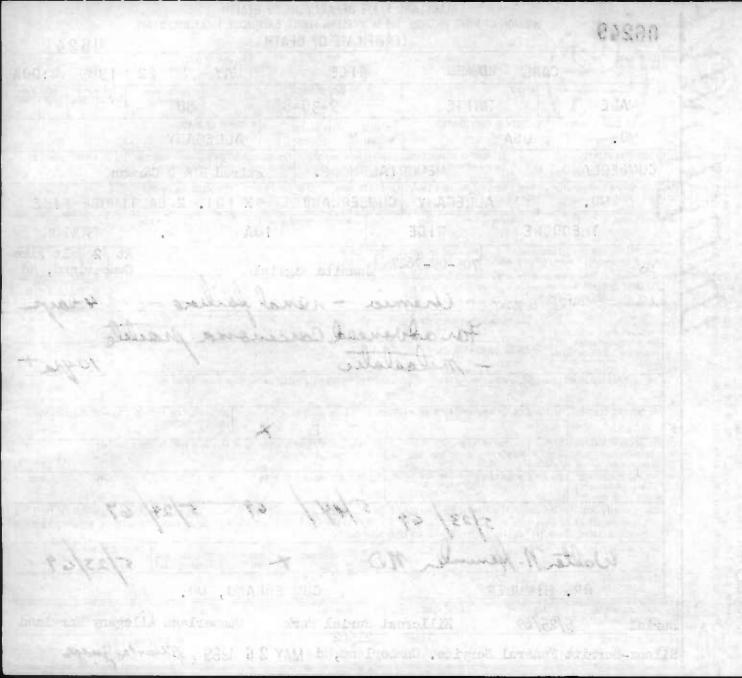
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon paper shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72

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sold such	ATHADE		EOIN	Y.1.(3H)
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57 CREEKE ST., CLMB., No. 21502

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06242 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR within 24 haurs after death. (Type or print) CARL EDWARD RICE Month 22 Day 989 MAY 4:00A 3. SEX 4. RACE S. DA'SE OF BIRTH 6. AGE (In years last birthday) 9-30-88 MALE WHITE haurs ( 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MD USA ALLEGANY DIVORCED [ WIDOWED IX completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address CUMBERLAND HOSP. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed admission) STATE MD 13b. COUNTYALLEGANY RT. 2 BALTIMORE CUMBERLANDYES -NO X burial, cremation, ar remaval, and in any 14. FATHER'S NAME RICE 15. MOTHER'S MAIDEN NAME First ond Middle Lost THEODORE M. PAXTON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rt #2 Balt Pike Yes no, or unknown) (If yes give war or dates of service) 705-09-9627 Cumberland, Md Juanita Wigfield 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if ony, which gave ) signed by the burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE stating the underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) be detached far use as the State Dept. of Health priar ta has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn Stote County While Nat while at wark deceased from 3 , and that in (my) (our) opinion death occurred on the date and hour and from the be retained couses stoted obove, (1) (we) (did), did not view the body ofter deoth. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR. HIMMLER CUMBERLAND. MD. 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) Buffal (Specify) 5/25/69 Hillcrest Burial Park Cumberland Allegany Maryland 21502 ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Silcox-Merritt Funeral Service. Cumberland. Md



Philip B. Wendt 121 Memorial Ave. Cumb. Md.

TO FUNERAL DIRECTOR: After this certificate

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executed

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. DECEASED-NAME First (Type or print) FERN	Middle	ROMA	N	2a. DATE OF DEATH Month	20 Yes 9	2b. HOUR 6:00 A
FEMALE	4. RACE WHITE	5. DATE OF 4 - 2	4-1897	6. AGE (In ye last birthda	y) HONGER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7o. BIRTHPLACE (State or foreign cauntry) W VA	7b. CITIZEN OF WHAT COUNTRY? UNITED STATES	B. MARRIED NEVER M. WIDOWED NO DIV	ARRIED 9.	COUNTY OF DEATH ALLEGAN	COUNTY	Md
	11. NAME OF HOSPITAL OR IN give street address)  MEMORIAL	HOSPITAL	during mas	OCCUPATION (Kind of work t of working life, even if re	etired.) INDUSTRY	F BUSINESS OR
odmission) STATE MD	ed lived, if institution: Residence before 13b. COUNTY LEGANY CO		YES NO	308 PENN		
	rd J. Rockwell	IS. MOTHER'S	MAIDEN NAME Firs	Unknown	iddle	Last
16a. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give w	IED FORCES? 16b. SOCIAL SECURITY ar or dates of service) 217-10-3		RIAL HOS		MBERLAND,	MD.
PART 1. DEATH WAS CAUSED  HOPE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CE WE have	ic my	Turch.	te - Skuenely	BSTWEEN	IMATE INTERVAL ONSET AND DEATH
	DITIONS CONTRIBUTING TO DEATH BUT N  CONDITION FOR WHICH OPERATION WAS PE	ten scleu	di Cen	eder Cane	Deago.	
While Not while	HOUR A.M. Month Day Year	9	OCCURRED (Enter n	CAUSES OF DEATH? ature of injury in Part 1 or City or Town	Part 2, Item 18.)	State
saw the deceosed al	s hospital) attended the decease ive on 5 view the	19, and that in (	7 , 19 6 my) (our) apini	, ta <u>Mar</u> on death occurred on	, 19_ <b>69</b> , tha the dote ond hour	t (I) (Ne) last and from the
22b. SIGNATURE  22d. THYSICIAN'S	Been light	DEGREE ATTENE PHYS.	DIRE	ECTOR L PHYS. L	22c. DATE SIGNED	
NAME (Type) DR.  230. BURIAL, CREMATION, REMOVAGE 1 (1) Ma	G. HIMMELWRIGHT			a Ave., Cur		

23d. LOCATION (City or Town)
For Research,

1969

2Sb.

Scarpelli, Cumberland, Md. 24. FUNERAL DIRECTOR James F

2SG. REC'D BY REGISTRAR DATMAY 2 3 1

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

062	5%	MEDIC	AL EXAMINE	R'S CE	RTIFICATI	E OF DE	ATH		0624	5
1. DECEASED-NAME (Type or Print)			Middle	MIC.	Lost SENBERG			20. DATE KNOWN Month OF ESTI- DEATH MATED MAY	Doy Year 3, 1969	2b. HOUR
3. SEX MALE	4. RACE WHITE	5. DATE OF BIR MARCH 1	7, 1903 66	E (In years birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER HOURS	24 HRS. Min.	2c. DATE PRONOUNCED DEAD	1989,	2d. HOUF
70. BIRTHPLACE (S country) NEW 10. CITY OR TOWN FROSTE 130. USUAL RESID	YORK OF DEATH SURG ENCE (Where deceo	give s	A.  AME OF HOSPITAL OR IN  treet address)  MINE  tian: Residence before	WIDO	(If not in hospit	VORCED 12a. U	SUAL OF	of working life even if retired \	26. KIND OF BUS NDUSTRY GROCERY	NESS OR
14. FATHER'S NAME	ISADO	Middle	ROSENBERO	7	STBURG 15. MOTHER'S M	YES NAME SARAH	First		FINE	
(Yes, no or unkr	OF DEATH (Enter of	war or dates of service)  Aly one couse per li D BY:  ATE CAUSE (o)	ne for (o), (b), and (c).  AS A CONSEQUENCE OF	<b>S</b> .	AMUEL RO		RG,	STAR ROUTE, FRO	STBURG,  APPROXIMATE BETWEEN ONSET  days	
rise to imm stoting the lost.	if ony, which gove sediate cause (o). underlying couse	(b)	AS A CONSEQUENCE OF	G:	angren naniti	on	CONDITION	ON GIVEN IN PART 1(a)	2-3 W	
STIFICA	F OPERATION		19b. CONDITION FOR W WAS PERFORMED?	?					20. AUTOPSY	(? No <b>X</b>
	OCCURRED 21e.	HOUR A.	M. 19 At home, form, street,		If. LOCATION Stre	·		ure of injury in Port 1 or Port 2, Iter	m 18.) County	Stote
22a. death ACTUAL SIGNATURI EXAMINER NAME (Typ	resulted from:  Sexue  BEN	Natural cause	he remoins describe ses Acciden Acciden CITARELIC,	t □, elc M. D	Suicide, CM.D. A	Homicic HIEF MEDICAL SSISTANT MED PEPUTY MEDICA DDRESS(Street	EXAMIN EXAMIN CAL EXAM L CITY, 10	AMINER 22b. DATE S  LINER K May 3  Down, or countyIRD 9, CUM	IGNED 1969 BERLAND	, MD.
230. BURIAL, CRE REMOVAL (S BURIAL  24. FUNERAL DIR TOSE PH	pecify) 5-	. date -3-1969 - FROSTRI		TY CO	OR CREMATORY UNTY CE		D BY RE	CUMBERLAND MD		tote)

VR A15ME (5)

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart

Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

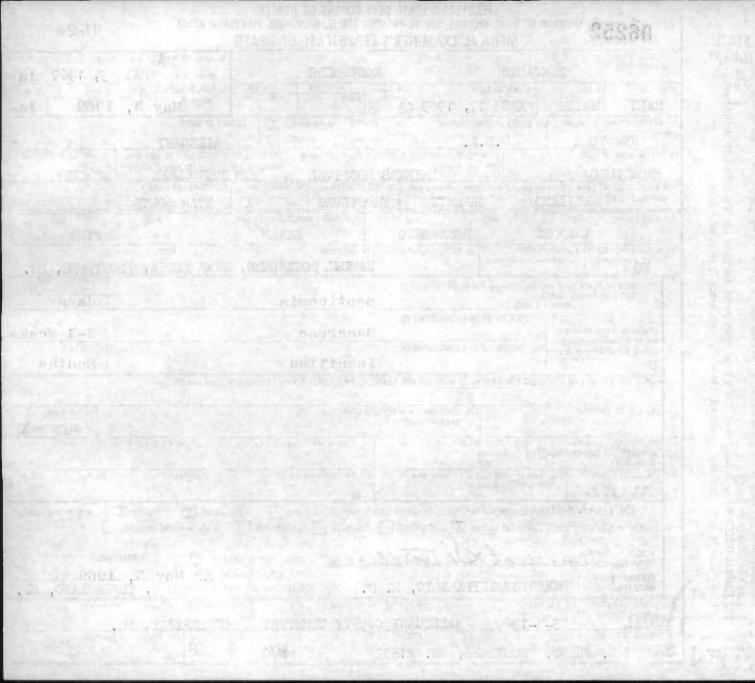
necessary, please execute the certificate, writing the word "pending" in pencil in flem 18. Sive Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

DICAL EXAMINER:

TO DEPUTY

This certificate should be executed within 24 hours after death

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burial, cremotion, or removal, and in any requires that the deoth certificate be physician the burial-transit signed by physicion. os the prior to has been for use Heolth use O FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN: be retained by the hospital be detached for Stote Dept. of F director, page 3 should should be filed with the VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06247 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR 24 hours after death. (Type or print) ROBERT J. RYAN MAY 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. physicion and completely filled in by the lost birthdoy) MONTHS MALE WHITE attending physicion and compress. Pagermit. Then please remove carbon papers. Pagermit. The process of the process of the page JAN. 1907 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MARYLAND ALLEGANY WIDOWED | DIVORCED [ ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done Within 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY CUMBERLAND CELANESE 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b. COUNTY NO ECKHART 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost GEORGE RYAN R. MARINDA PORTER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes no or unknown) 213-09-6514 MRS. MARGARET RYAN. ECKHART. MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Metastatic brain tumor DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) cremat buriol-transit (b) Primary cancer left lung months rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the offending O FUNERAL DIRECTOR: After this certificate has been prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? USe of Health 8/15/68 Cancer left lower lung Page 4 moy be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TO OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) ed with the State Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work 220. I certify that (I) (this hospital) attended the deceased fram May 3 , 19 69, ta May 20 , 19 69, that (I) (we) last saw the deceased alive an May 20 1969, and that in (my) (aur) opinian death accurred on the date and hour and from the couses stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) A. PAIGE STRONG. E. MAIN ST., FROSTBURG, MD. 21532 should b 23o. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURTAL Specify) 1969 ECKHART CEMETERY ECKHART.

2So. REC'D BY REGISTRAR

DAVIAY 26

2Sb. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

JOSEPH R. DURST, FROSTBURG, MD. 21532

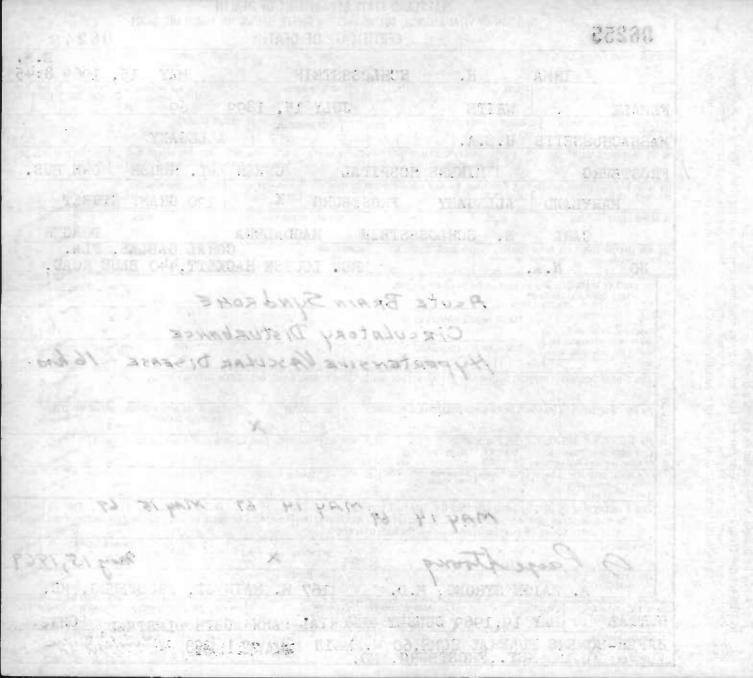
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VR A15

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be Page 4 may be retained by the hospital or ottending physician.

executed within 24 hours after deoth.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1.	DECEASED-NAME (Type or print)	Mary		Middle Jane	S	hade		20. DATE OF D	EATH Magent 120y	1969	2b. HOUR
3.	SEX Female		4. RACE White			S. DATE OF B	24, 18	94 6	losy lighthouy) YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
(0	BIRTHPLACE (Stote of		U.S.A.		WIDOWE		RRIED	9. COUNTY OF DI Alle	eath egany		M
10	. city or town of d cumberland		give s		orial	Hosp.	during me	ost of working lift pper Sor	(ind of work done e even if retired.)	12b. KIND OF INDUSTRY Pape	BUSINESS OR er Mill
od	o. USUAL RESIDENCE ( Imission) STATE Ma	Where deceosed ryland	lived, if institution 13b. COUNTY A	n: Residence before	13c CITY ( Weste	rnport	YES NO		et and number Walnut		
	Andre	**	Middle W. Mic			is. Mother's M. Laur	a		P. Broad	lwater	Lost
16	Yes, no or unknown)	R IN U.S. ARMED	FORCES? or dates of service)	217-05-03	87 17	Dorothy	Upper	co Bel	L Air Addre Md.		
				e for (o), (b), ond (c).		occlusio	n			APPROXII	MATE INTERVAL DINSET AND DEATH
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	stoting the under	)	(c)	Arterioscl					M DADT I/o\	5 yr	5
CEDTIFICATION	O PROSE			CH OPERATION WAS PER		20a. AUTO	PSY?	20b. IF YE	ES, WERE FINDINGS CO F DEATH?	DNSIDERED IN CE	RTIFYING
MEDICAL CEO		CAUSE OF OEATH	21b. TIME OF HOUR A.M. P.M.	INJURY Month Doy Yeor 19		HOW INJURY OC	CURRED (Enter	noture of injury	in Port 1 or Port 2, I	tem 18.)	
M	While Not who of work	k		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		and the same				County	Stote
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	22b. SIGNATURE	Wm.	an Ite	eves h	2 N DE		D	IRECTOR L	PHYS.	ME31989	
	NAME (Type)		man Ree				Wester		Md. 21562		
1	BURIAL, CREMATION	1, 23b. DA	15/69	23c. NAME OF C	3	R CREMATORY	lease server	23d. LOCATION Weste	amman and		(Stote) Md•
24	I. FUNERAL DIRECTOR	Bva	Wes	ternport,	Md.	3 5 8	DATE DATE	Y REGISTRAP 1969	25b. REGISTRAR'S	SIGNATURE	ge.

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VR A15ME 10M REV. 1

	DIVISION		ARYLAND STA CORDS, 301 W					AND 21201			
06258	3		AL EXAMIN					AND 21201		0625	1
1. DECEASED-NAME (Type or Print)	First	er	Middle A •		Shook			20. DATE KNOWN S OF ESTI- DEATH MATED	Month Do		2b. HOUR
3. SEX Male	4. RACE White	5. DATE OF BIR  June 30		AGE (In years last birthday) YRS.	MONTHS DAYS	HOURS 1	24 HRS. MIN.	2c. DATE PRONOUNCED  Month May	DEAD Doy 20	Yeor 1969	2d. HOURA
o. BIRTHPLACE (Stote country) W.		76. CITIZEN OF WHA	AT COUNTRY?		RRIED X NEVER M.	ARRIED		nty of DEATH	1.0	1	Md.
O. CITY OR TOWN OF Cumber		11. NA give s	ME OF HOSPITAL OF treet oddress) Me	moria	(If not in hospital  1 Hospit	12a. U	most of	CUPATION (Kind of working life, even if r		KIND OF BUSI	
30. USUAL RESIDEN odmission) STATE		ed lived, if institu		ore 13c. CITY		3d. INSIDE CITY L		13e. STREET AND NUME 515 White			
4. FATHER'S NAME	First Baxte	Middle	Lo		15. MOTHER'S MA	IDEN NAME	First Vir	ginia Bel		Lost	
6a. WAS DECEASED EV (Yes, no, or unknow		ORCES? war or dates of service)	16b. SOCIAL SECURIT		7. INFORMANT Paul A.	Shook	c, C	address umberland		-Son	

PART I. DEATH WAS CAUSED	one couse per line for (o), (b), ond (c).) BY: CAUSE (o)	CORONARY O	OCCLUSION	BETWEEN ONSET AND DEATH SUDDEN
Conditions, if only, which gove	DUE TO, OR AS A CONSEQUENCE OF	CORONARY	SCLEROSIS	
rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
PART 2. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(o)	

190. DATE OF OPERATION CONDITION FOR WHICH OPERATION 20. AUTOPSY? CERTIFICATI WAS PERFORMED? NO X YES [ 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M 19 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE 220. I certify that I took charge of the remains described above, held on Inspection X Inquiry 🔀 Autapsy ond in my opinian deoth resulted fram: Suicide Hamicide Natural causes Accident Undetermined manner

ACTUAL EXAMINER'S NAME (Type) Benedict Skitarelic.M.D.

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

ADDRESS(Street, city, town, or county)

22b. DATE SIGNED May 20,1969 Rt.9 Cumberland

BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Burial

Hillcrest Burial

23d. LOCATION (City or Town) Cumberland Allegany Md.

(County) (Stote)

24. FUNERAL DIRECTOR

Scarpelli, Cumberland, Md.

REC'D BY REGISTRAR 8

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the funeral ges I and 2 after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached far use as the burial-transit permit. Then please remave carban page should be filled with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 7?

VR A15 (4)

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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DECEASED-NAN     (Type or print)			Middle John	Lost Smith	20.	May Month	Bay	1989	2b. HOUR
3. SEX Ma	ile	4. RACE Wh	ite	5. DATE OF BIRTH	1898	6. AGE (in year lost birthday	ors IFU () MON	THS DAYS	HOURS MIN.
country) Pe	(Stote or fareign	7b. CITIZEN OF WHAT	,	MARRIEO   NEVER MARRIES	2	NTY OF DEATH Allegany			M
10. CITY OR TOW	tburg,	give stree	et address) Miner		during mast of v	JPATION (Kind of work working life, even if rel My Sgt.	tired.)	2b. KIND OF E NDUSTRY 1.S. G	BUSINESS OR
odmission) STA	TE Maryla	sed lived, if institution: 2d 13b. COUNTY A	llegany M	t. Savage YE	INSIDE CITY LIMITS?	Mile Lane	Box 6	523	
14. FATHER'S NAJ	ME First Charl	les Jacob	Smith	15. MOTHER'S MAIDE	N NAME first Annie		ty ddle	L	lost owery
Yes no or un	SED EVER IN U.S. AR knawn) (If yes give	MED FORCES? wor or dates of service)	b. SOCIAL SECURITY NO.	17. INFORMANT Havry J.	Smith Bo	x 623 Mt.	<sub>dress</sub> Sa <b>v</b> age		
PART  25  Conditions rise to imm	1. DEATH WAS CAUSE	OUE TO, OR AS A	CONSEQUENCE OF	ovosaculos 4 c v D. Diabetes	Dec	ompensa	tión		MATE INTERVAL USET AND DEATH  Dayse  CELS -
				RELATED TO THE TERMINAL DI					
RTIFICA		CONDITION FOR WHICH	OPERATION WAS PERFO	RMED 20a. AUTOPSY YES	NO 🗀	20b. IF YES, WERE FINI CAUSES OF DEATH?	DINGS CONSIL	DERED IN CE	RIIFYING
S ☐ OR CONTRI	ENT WAS UNDERLY!	TH HOUR A.M. I	Month Ooy Yeor 19	21c. HOW INJURY OCCUR		e af injury in Part 1 ar		18.)	Stote
While of work	ot work			21f. LOCATION Street of					
220. l ce sow cou	ertify that (1) (the the deceased of ses stated abov	n <del>is hospita</del> l) attend blive on \$\frac{1}{2}\$ e, (I) (we) (did) (di	ded the deceosed 1919_d not) view the boo	from S / 2 6 7, and that in (my) dy ofter death.	, 19_ <i>69</i> _, (our) opinion (	deoth occurred on	, 19 <i></i> the dote o	4, that and hour o	(I) <del>(we)</del> los and from the
22b. SIGNA	John	~ B. D	ovis,	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. OATE	SIGNEO (	69.
22d. PHYSI NAME	CIAN'S (Type)	huB.			BROAd		rost	6489	, mD.
230. BURIAL, CRI	specify) 5,	DATE /8/69		netery or crematory st Burial Par		LOCATION (City or Town	n) (C	icunty)	(State)
24. FUNERAL DII H. (U		ige Cumber	ADDRESS	25	o. REC'D BY REGI	STRAR 2Sb. REGI	STRAR'S SIGN		ge.

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please execute the certificate,

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWN Month (Type or Print) Spitzer May Rebecca DEATH MATED Anna 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 25 Feb 1916 White Female 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? west Virginia Allegany U.S.A. WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HDSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street eddress llv Road during most of working life, even if retired.) Cumberland 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY egany odmission) STATE 725 Kelly Road Cumberland YESE NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Elizabeth John Lewis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no or unknown) Knoxville, Md. (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY RIGHT CORONARY OCCLUSION IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove CORONARY THROMBOSIS rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CORONARY SCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Dov. Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.) WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on Autapsy [X], Inspection X, Inquiry X, death resulted fram: Natural causes 16. Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE & DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) BENEDICT SKITARELIC. M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) BLAOVAL (Specify) 17 May 1969 Queens Point Keyser Mineal 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS

PAMAY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06253

12b. KIND OF BUSINESS OR INDUSTRY Home

APPROXIMATE INTERVAL

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death land 2 ofter hours pages File within permit. burial-transit . = 0 removal, be used 3 shauld crematian,

be executed within the Chief Medical pending This certificate should the ward farwarded to writing certificate. should be DICAL EXAMINER: may be retained far your FUNERAL DIRECTOR: Page the funeral director. O DEPUT 0

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06254 1. DECEASED-NAME First Middle 20. DATE KNOWN O 2b. HOUR (Type or Print) JOHN B. DEATH MATED MAY 24, 1969 6:000 M IF UNOFR 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years 2c. DATE PRONOLINCED DEAD last birthday) Year White Male 19 6:00p 7o. BIRTHPLACE (Stote or foreign MARRIEDY NEVER MARRIED 9. COUNTY OF DEATH country) MD. WIDOWED DIVORCED USA. Allegany 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired. INDUST Consultant-Marietta, INDUSTRY Cumberland 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN odmission) STATE Railroad Midland 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Earl Steiding Marion Peebles 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) Virginia Steiding, Midland, Md. APPROXIMATE INTERVAL (WIFE) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove CORONARY THROMBOSIS rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CORONARY SCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES KX NO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote foctory, office building, etc.) WHILE NOT WHILE 22a. I certify that I taak charge af the remains described above, held an Autapsyxx, Inspection , Inquiry x and in my apinian Natural causes X Suicide . death resulted fram: Accident . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE X May 24, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC. M.D. NAME (Type) ADDRESS(Street, city, town, or COUMBERLAND. MARYLAND BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) BEMOVAL (Specify) 5/27/1969 Elk Garden Cemetery Elk Garden, ADDRESS 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE George Eichhorn Lonaconing. Md. Thanks you DATEMAY 2 7

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sta Health priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. 5 may be retained far your files.

VR A15ME (5) 10M REV. 1/68

1)	6262	DIV	ISION O		CORDS, 3							LAND 21201		0625		
	(EASED-NAME ype or Prin1)		First			Middle			Lost			20. DATE KNOW OF EST DEATH MAT	VN Manth	Day Yes	ar 2	b. HOUR
1.	the or trimity		WILB	ERT	1	ALBEI	RT		EVE	ISON		DEATH MAT	D MAT	4,1909	9 14	:55R
3. SE	X	4. RACE		5. DATE OF BIR	TH		E (In years birthday)	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	2c. DATE PRONO			2	2d. HOUR
M	ALE	WHIT	E A	UG. 2	1, 19	917	51 YRS.		DAIS	Hours	mill.	May	4. Day 19	969 Year 19	10	:550
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ad	missian) STA	RYLA	ND	3b. COUNTY A	LLEG	INY	FRO	STB	URG	YES Y	40 🗌	GUNTER	HOTE	L.W. M	AIN	ST
	THER'S NAME	First		Middle		Last				IDEN NAME	First		Middle		Lost	
		ALBI	ERT		STE	ENS	ON				SAT	RAHE		SH	EAR	RER
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17	ES unkno	own) (IE	Was give war o	AR TI	217-	03-0	738	RS.	WII	BERT	A.	STEVE				TET
	18. CAUSE C	F DEATH (En	ter anly ar	ne cause per lir										APPROX	ONSET AND	TERVAL
	PART 1.	DEATH WAS	CAUSED BY	t:	(-), (	, - ( ) .		Crus	hed	Chest				Sudd		DUCAIN
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	PART 2 OTHER	SIGNIFICANT	CONDITIO	NS CONTRIBITI	NG TO DEAT	H RUT NOT	RELATED	TO THE T	FPMINAL I	DISEASE OF	CONDITIO	ON GIVEN IN PAR	1/(a)			
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CERTIFICATION	19a. DATE OF	OPERATION			19b. CONDIT			ERATION			300			20. AUT	OPSY?	
				1	WAS P	ERFORMED?	?							YES		NO K
CE	21a. EXTERNAL	CAUSE WAS		21b. TIME OF	INJURY Mont	h, Doy, Yea	ır 2	lc. HOW	INJURY O	CCURRED (E	nter natu	re of injury in P	art 1 or Part 2,	Item 1B.)		
MEDICAL	CAUSE OF DEA	OR CONTRIBU'	ING	HOUR AND	May 4	. 19	69	Farm	tra	ctor	acci	ident (r	an ove	r hill)		
MED	21d. INJURY O	CCURRED	21e. PLAC	E OF INJURY (A	At home, for	m, street,	1	21f. LOCATI	ION Street	ar R.F.D. No		City or Tov	vn	County		State
	WHILE AT WORK	NOT WHILE	foctory	, office building	g, etc.)		E	Rt.#4	6.ne	ar Fo	rt A	Ashby, n	ineral	. W. Va.		
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	EXAMINER'S NAME (Type		NEDIC	CT SKIT	TAREL T	C. M.	n.					wn, ar cauCUN			AND	
23n	BURIAL, CREM	0.4	23b. DA1			NAME OF						LOCATION (City		(Caunty)	(State	0)
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MARYLAND STATE DEPARTMENT OF HEALTH

# in 24 hours after TO HOSPITAL. ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hour death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06263 CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	ICE (Whare dec				
	Allegany	MARYLAND	. State Maryla	nd	b. COUN	Legany		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN					wn)
	Lonaconing		Lonaco	ning				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give straet addrass)	d. STREET ADDRESS					A FARM?
	Rockville Street		Rockvi		reet		YES	NO 🔯
3.	NAME OF First DECEASED	Middle	Last	4. DATE	Month	Da	y Yas	or
	(Type or print) John	William	Stewart	DEATH	May	3	19	69
5.	SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years lest birthday)	IF UNDER 1 YEA		R 24 HRS.
]	Male White WIDOWE	D DIVORCED	July 21, 1	885	83 yrs.	Months Days	Hours	Min.
1Da	. USUAL OCCUPATION (Give kind of work need a during most of working life, even if retired)	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & Stata, or f	oraign country)	12. CITIZEN	OF WHAT	COUNTRY?
4000		al Company	Pekin.	Maryla	nd	U.S.	A.	
	FATHER'S NAME		14. MOTHER'S MAIDEN	INAME				
]	Hugh C. Stewart, Sr.		Annie The	ompson				
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. s, ng_gr unkown)   (Ifyes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
110	107	6-05-5729	Hugh C. St	ewart.	Piedm	ont W	Vo	
	18. CAUSE OF DEATH [Enter only one causa per li	ine for (a), (b), end (c).]		CIVILL U	TTGOTH	1	NTERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oronary El	nbolus				DISET AND	DEATH
	4109 DUE TO						1-11-63	
	Δ. /.	min sclaratio	Heart D	15005	2		Q /40	1-5
	gava risa to immediate cause	11034-10116	, // Co// P	10			57	
	(a), stating the underlying DUE TO					12-41-1		
z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE O	ONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY
CERTIFICATION								ORMED?
RTIFIC	20a. ACCIDENT WAS UNDERLYING ☐ 2Db. DES	CRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part I or Part II	of item 18.)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d.   While	1.	ACE OF INJURY (Homa, far ctory, streat, offica bldg., at-		or town)	(County)		(State)
MEE	p.m. 19 at work	p-mq 1101 ff IIII p-mq						
	21. I certify that (I) (this hospital) attended	ded the deceased from	March 5	19.9.1., to	MAY 3.	, 19kG	that (I)	(we) last
	saw the deceased alive on May	319 69, and the	at death occured at.	LPM, from	the causes	and on the	date state	ed above.
	228. SIGNATURE	)	ATTENDING	MED.	STAFF	A STATE	22	b. DATE SIGNED
	(Lauren Mil	son.	M.D. PHYS.	DIRECTOR	PHYS.	MJ	45,1	969
	22c. PHYSICIAN'S NAME (Type) PIUL R. WILL	son M.D.	111 A She	011 54	Piods	ment.	11/1/	ā.,
23.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	123d. LOCA	TION (City, toy	yn or county)	W-1-V-6	Stata)
200	REMOVAL (Specify) Burial May 6, 1969	Laurel Hil		Mosc		3.5	land	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			41	SISTRAR'S SIGN	IATURE	-41
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unberland, Allegony, Md.			

# FOR STATE HEALTH DEPT. agio necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 5 may be retained for your files. Heolth prior to buriol, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY

06265	DIVISION			DEPARTMENT O ESTON STREET, BA		ARYLAND 212	201		
COSOU	5			'S CERTIFICAT				06258	
1. DECEASED-NAME (Type ar Print)	First George		Middle Roy	Lost Sturtz		2a. DATE OF	KNOWN Month ESTI- MATED May	Day Year	26 HOUR
3. SEX Male	White	S. DATE OF BIRTH	6. AGE (II 1898 70	n years IF UNDER 1 YEAR (hday) MONTHS DAYS	IF UNDER 24 HOURS	MIN. 2c. DATE P		<sup>y</sup> ear 19 69	2d. HOU
7a. BIRTHPLACE (State country)	or foreign 7b.	CITIZEN OF WHAT COL	JNTRY? 8.	MARRIED NEVER A	NARRIED   S	Alleg			N
Cumber 1  13a. USUAL RESIDENCE  admission). STATE	and	give street of	ored Hes		tal Ce	JAL OCCUPATION ( nost of warking li 2 anese ITS? 13e. STREE	Kind af wark dane fe, even if retired.)	12b. KIND OF BUS INDUSTRY Texti	
14. FATHER'S NAME	First	Middle	Last	Ellerslie Is. MOTHER'S N	AIDEN NAME	First	Middle	Las	1
16a. WAS DECEASED EVE (Yes, no. or unknown		RCES? 16b. S	Sturtz OCIAL SECURITY NO. 14-07-58	Marth 17. INFORMANT		Devor	e ADDRESS Sturtz	Md. Ellers	
PART I. DE	ATH WAS CAUSED B IMMEDIATE ) ly, which gave )	DUE TO, OR AS A	CONSEQUENCE OF	ACUTE PULM			ion, larg	APPROXIMATE BETWEEN ONSET	ANO DEATH
stating the und	erlying cause	DUE TO, OR AS A	CONSEQUENCE OF	Coronary	Sclero	sis with	n occlusi	on	
PART 2. OTHER SI				ELATED TO THE TERMINAL			PART 1(a)		
190. DATE OF OP		19b. (	MONTY SEMA CONDITION FOR WHI WAS PERFORMED?	<u>, bilateral</u> ich OPERATION	; Mar!	ced		20. AUTOPS	y? NO 🗍
	CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. P.M.	/ Month, Doy, Year 19	21c. HOW INJURY	OCCURRED (Ente	r noture af injury	in Part 1 ar Part 2,		
WHILE NOT		CE OF INJURY (At ham ry, affice building, etc.	ne, farm, street, )	21f. LOCATION Stre	et or R.F.D. Na.	City	or Town	County	Stote
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	BENEDI	Natural causes [Lict Al	X, Accident Ectare.	.D. A	Homicide HIEF MEDICAL EX SSISTANT MEDICAL EPUTY MEDICAL	XAMINER AL EXAMINER EXAMINER XX	ermined manner  22b. DAT  May 1, 19  WHBERLAND	E SIGNED 069 MARYLAN	ID.
23a. BURIAL, CREMATI BUREMOVAL Specific	on, 23b. Di Y) May	T 4, 1969	Hillo:	METERY OR CREMATORY	tery		(City or Town)		tate)

ADDRESS

15545

H. Zeigler, Hyndman, Pa.

2Sa. REC'D BY REGISTRAR

DMAY

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1969

2Sb.

REGISTRAR'S SIGNATURE

VR A15ME (5)

24. FUNERAL DIRECTOR

Harvey

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CUMBERLAND, MARYLAND 21502

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N. NC KERZIS VAN NETEN	<b>N</b>	12.	L. WAY HET	15.700
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57 CHEENE ST -SIMSE LAWS, IN YLORD 91512

LUIS STELL, INC. 117 FREDE ICK STREET CLUBERLAND, N& YLAND 21502

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00008		CERTIFI			AIE OF DEATH			06260		
1. DECEASED-NAME First		Middle			Last	2o. DATE	OF DEATH		2b. HOUR	
(Type ar print)	John		E.		Warnick		Month 5	oy 18 Year 69	) ^	
3. SEX		4. RACE			S. DATE OF BIRTH		6. AGE (In years		IE UNDER 24 HRS.	
Male		1	White		4/3/1	879	last highday)	MONTHS DAYS	HOURS MIN.	
7a. BIRTHPLACE (Stote of	r foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIED [	9. COUNTY	OF DEATH			
cauntry) Md		U.S	S.A.	WIDOWED			Alle	egany	Mo	
10. CITY OR TOWN OF DI		11. NA give s	AME OF HOSPITAL OR I				ON (Kind of work dane ing life, even if retired.)		IUSINESS OR	
13a. USUAL RESIDENCE (			ion: Residence befare	e 13c. CITY OR			STREET AND NUMBER			
admission) STATE	/d	13b. COUNTY	Allegany	Lona	coning YES N	40 🗆	Jack	son Str	reet	
14. FATHER'S NAME	First	Middle	Last	15	S. MOTHER'S MAIDEN NAME	First	Middle	I M	Lost	
Не	enry	Harri	son Wa	rnick	Mar	У		Dawson		
160. WAS DECEASED EVE		ED FORCES? or or dates of service)	16b. SOCIAL SECURIT	Y NO. 17. I	NFORMANT		Address			
Yes, no, or unknown)	(ii yes give wo	it or notes or service)			Mrs.Franci	s War	nick Lor	aconing		
			ne for (o), (b), and (	c).)	"Wife"				IATE INTERVAL ISET AND GEATH	
PART I. DEATH	WAS CAUSED	BY: TE CAUSE (a)	Acute	E UF	REMIA					
5990	***************************************	DUE TO OP A	S A CONSEQUENCE O	E						
Conditions, if any,		(b) (')	PANIC	Upin	VADU TOAR	+ 1 N	LECTION	24	to.	
	onditions, if any, which gave) se to immediate cause (a), rating the underlying couse  (b) Chronic Urinary Trat Infection  (b) Chronic Urinary Trat Infection									
last.	Tring couse	(c)								
PART 2. OTHER SIG	SNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION G	IVEN IN PART 1(a)			
7			- ALL 14 - I							
190. DATE OF OPERA	TION 19b. C	ONDITION FOR WH	ICH OPERATION WAS I	PERFORMED	20a. AUTOPSY?		. IF YES, WERE FINDINGS	CONSIDERED IN CER	RTIFYING	
THE					YES NO	CAU	ISES OF DEATH?			
					OW INJURY OCCURRED (Ent	er noture of i	njury in Port 1 or Part 2	, Item 18.)		
OR CONTRIBUTING [			Month Doy Yes	or 19						
21d. INJURY OCCU			AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.		OCATION Street or R.F.D. N	0. (	lity or Town	County	Stote	
While Nat whi	10		OFFICE BUILDING, ETC.	/						
		s haspital) atte	ended the decen	sed from	AV 17 19	69. to	MAY 181	969 that	(I) (we) los	
saw the c	deceased al	ive an	AY 18	19 <b>69</b> , an	d thot in (my) (our) op	oinion deat	h occurred on the c	late ond haur a	ind from the	
	ofed obove	, (I) (we) (did)	(did not) view th	e bady offer	death.		1.00			
22b. SIGNATURE	P.	1-1	- 2	D prot	REE PHYS	MED.	_ CTAFE	. DATE SIGNED	1010	
22d. PHYSICIAN'S	ay	em	end bus	D. DEGI	PHYS. 22e. ADDRESS	DIRECTOR L	→ PHYS. —	700/19,	1961	
NAME (Type)			/		ZZE. AUUKESS			0		
22a DUDIAL CREMATION	1 221 0	ATC	122, NAME O	F CEMETERY OR	CDEMATORY	124 100	ATION (City on Town)	If our to	/Shees	
230. BURIAL, CREMATION REMOVAL (Specify) Buria	N, 23b. D						ATION (City or Town)	(County)	(State)	
24. FUNERAL DIRECTOR		5/21/69	ADDRE		Memorial P	BY REGISTRAF			Md.	
GOOTHON	Fight	0.777	11001112	nine			69 Telian		4 .	

Lonaconing, Md.

1969

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proge 4 may be retained by the nospital of attenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove-torbon papers. Pages 1 and director, page 3 should be detached for use as the buriol-transit permit. Then please remove-torbon papers. Pages 1 and director, page 3 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after deat Page 4 may be retained by the hospital or attending physician.

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VR AIS

George Eichhorn

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06268				CERTIF	CATE OF	DEATH			0.0	0.04
	CEASED-NAME	First		Middle		Lost		20. DATE OF	DEATE 9:2	5 P.M.	26 HOUR
(1	ype ar print)	Olive		M.	Wil	derman			May 2	8 196	9 P.M
3. SE	x Female	)	4. RACE	White		5. DATE OF E	11900		6. AGE (In years lost birthdoy)	MONTHS DAY	R IF UNDER 24 HR
7o. E	BIRTHPLACE (State of otry) Mary 1	foreign 7	U. S		WIDOWE	harri	RRIED 📉	9. COUNTY OF		unty	
C	ity or town of di umberlar	nd	give	NAME OF HOSPITAL OR I	llega Infir	f not in hospitol  ny  mary	during mo		(Kind of work don   life, even if retired   DOD:		OF BUSINESS OR
13o. admi	USUAL RESIDENCE (Vission) STATEMA:	Where deceased ryland	lived, if institution 13b. COUNTY	otion: Residence before	e 13c. CITY	or town stburg	13d. INSIDE CITY LIF		Frost	Villag	е
14. F	ATHER'S NAME	<sup>first</sup> lward	Middle	Jorda		1S. MOTHER'S N	Ma	ıry	Middle		yons
16a. Y	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARME (If yes give war	D FORCES? ar dates af service)	16b. SOCIAL SECURIT 220-10-	150-150-15	INFORMANT CALL			, Addres y Infirm	nary re	ecords
N	Conditions, if any, rise to immediate stoting the under last.  PART 2. OTHER SIG	which gave a couse (o), (	(b) DUE TO, OR (c)	AS A CONSEQUENCE CO	AS-1	Selection to the termin 2/68	eses  AL DISEASE OR CI	ONDITION GIVE	0	my gla	neuro
CERTIFICATION	190. DATE OF OPERA	TION 19b. CO	ONDITION FOR W	HICH OPERATION WAS	PERFORMED	20a. AUT YES			F YES, WERE FINDING S OF DEATH?	S CONSIDERED IN	CERTIFYING
AL	G   OR CONTRIBUTING   CAUSE OF GEATH   HOUR A.M. Month Doy Year   P.M.   19								State		
	22a. I certify that (I) (this haspital) attended the deceased from Oct. 30, 1968, to May 28, 1969, that (I) (we) las saw the deceased alive an May 28, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.										
	22b. SIGNATURE	John	a to	gper	MB	GREE ATTEND	DI LAL	IED.	STAFF PHYS.	2c. DATE SIGNED	9
	22d. PHYSICIAN'S NAME (Type)	depl	VAT	APPER	MIS	22e. AD Me:	morial	Hosp	ital,Cur	mberla	nd, Md.
23a.	BURIAL, CREMATION BURYAL (Specify)			969 ST. M		OR CREMATORY  S CEME	TERY		ON (City or Tawn) STBURG, M	(Caunty)	(State)

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

FUNERAL DIRECTOR
JOSEPH R.

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate believecuted within 24 hours

Page 4 moy be retained by the hospital ar attending physicion.

31, 1969 ST. MICHAEL'S ADDRESS DURST, FROSTBURG, MD.

21532

250. REC'D BY REGISTRAR
DATE JUN 3

FROSTBURG, MD. 1969

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MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06263

1. DECEASED-NAME (Type ar print)	First EARL	Middle L.		lost WRIGHT		2a. DATE O		1969ear	2b. HOUR 4
3. SEX	4. RACE			S. DATE OF B	IRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
MALE		WHITE		APRIL	10, 18	396	73 YRS	MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (State or fo	reign 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED	9. COUNTY O	DEATH		1 1
country) MARYLAND	U.	S. A.	WIDOWE		RCED	ALLE	GANY		Mo
10. CITY OR TOWN OF DEAT	11.	NAME OF HOSPITAL OR INST					(Kind of work done	12b. KIND OF	BUSINESS OR
FROSTBURG	gi	ve street address) MIN	ERS	HOSPITA	r garioo a	ISHING	DEPT - K	S TIRE C	OMPANY
13a. USUAL RESIDENCE (Wh	re deceased lived, if insti	tution: Residence before			13d. INSIDE CITY L	IMITS? 13e. S	TREET AND NUMBER		
odmission) STATEMARY	LAND 136. COUNTY	ALLEGANY	FROS	TBURG	YES X NO		89 MT. PL	EASANT S	T.
14. FATHER'S NAME FI				1S. MOTHER'S M			Middle	an Tu	Lost
	HN	WRIGHT			Al	NNIE		SEIFA	RTH
16a. WAS DECEASED EVER I Yes, no. or unknown)	(If yes give wat or dates of service)	16b. SOCIAL SECURITY NO		7. INFORMANT		roim 7	Address	100 04	1700
1200	- 444 (	212-10-749	31	MRS. ED	ITH WR.	LGHT, F	ROSTBURG,		
18. CAUSE OF DEATH PART I. DEATH V	(Enter only one cause per	line far (a), (b), and (c).)			11 .	W.		BFTWEEN C	IMATE INTERVAL ONSET AND GEATH
PART I. DEATH V	IMMEDIATE CAUSE (a)	malia	na	WY	740	ante	now		
4000	DUE TO, O	R AS A CONSEQUENCE OF	2	. /	(1)				
Canditians, if any, wh		Generali	310	e and	ay -	- sel	noon	4	
rise to immediate co	026 (0)'(	R AS A CONSEQUENCE OF	1						
last.	y (c)	Pous		00000	nose	2-1			
PART 2. OTHER SIGNII	ICANT CONDITIONS CONTRI	BUTING TO DEATH BUT VOT	RELATED	TO THE TERMINA			N IN PART 1(a)	1 1	
Ba	1	14 La VA	1	1 ~	0	71.	bus	tato	
19a. DATE OF OPERATIO	N 196 CONDITION FOR V	WHICH OPPRATION WAS PERF	ORMED	20 - AUTO	PSY?	20b. II	YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
19a. DATE OF OPERATIO	0	00		YES	1/	CAUSE	OF DEATH?		
21a. ACCIDENT WAS I	NDERLYING 216. TIME	OF INJURY	21c.			r nature of init	ry in Part 1 or Part 2,	Item 18.)	
S OR CONTRIBUTING (If either, natify medi							-		
21d. INJURY OCCURRE	21e PLACE OF INILIR	Y ( AT HOME, FARM, STRFET, FACTO OFFICE BUILDING, ETC.	ORY, 1 21f.	LOCATION Street	et ar R.F.D. Na	City	or Tawn	County	State
While Nat while at wark		OFFICE BUILDING, ETC.	/				0. 10411	caomy	Sidio
the same of the sa	t (I) (this bosnital) a	ttended the deceased	from	3-19	106	21, 10	5-17 10	69 that	(I) ( <del>we</del> ) las
saw the dec	eased alive an	Terrueur file deceased	67	ind that in (m	v) (our) oni	nian death	accurred on the d	ate and hour	and from the
causes state	d abave, (I) ( <del>we)</del> (dia	d) (did-not) view the bo	ady afte	r death.	,,, (oo,, op.	man acam	accorred on the a	are and nadi	and nom m
22b. SIGNATURE	7/0 A	106	0	ATTENDU	10	150		DATE/SIGNED ,	1 -
	T.V.N	cell M	Lot	GREE PHYS.	NG D	IRECTOR	STAFF PHYS.	5/20/	69,
22d. PHYSICIAN'S NAME (Type)	H. C. DIEH	L, M. D.	1	22e. ADD	RESS		FROSTBUR	G, MD. 2	21532
23a. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CE	METERY C	OR CREMATORY		23d. LOCATI	ON (City or Town)	(County)	(State)
BURIAL (Specify)	MAY 20, 1	969 FBG. M	MORI	AL PARK			STBURG, MD	,	
24. FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D B		25b. REGISTRAR	S SIGNATURE	
JOSEPH R. DU	RST, FROSTB	URG, MD. 215	532		DAMAY	22 19	by your	Was your	#L

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then prese remove carbon papers. Page should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and way event, within 72 haurs at

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## 06271

MAKTLAND STATE DEPARTMENT	OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,	<b>BALTIMORE, MARYLAND 2120</b>
CERTIFICATE OF DEA	ATH

1	1. DE	ECEASED-NAME	First		Middle		lost	20	DATE OF DEATH		062	6 12b. HOUR
1	(1	ype ar print)	ARRY		М.		WRIGHT			onth 19 Doy	1989	9:10PM
	3. SE	MALE	-	4. RACE WHITE		S	DATE OF BIRTH 07-21-	04	6. AG	(In yeors birthday) YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNOER 24 HRS. HOURS MIN
	7o. E	BIRTHPLACE (State or foreign WEST VIRGI	n 7b.	USA	AT COUNTRY?	8. MARRIED X	NEVER MARRIED DIVORCED		UNTY OF DEATH	Υ		Md
2		TITY OR TOWN OF DEATH CUMBERLAND		give \$	ME OF HOSPITAL OR INST PACKED HEAF	RT HOSP	ITAL	12a. USUAL OCC			12b. KIND OF INDUSTRY POST (	PBUSINESS OR OFFICE
-	13o. odmi	USUAL RESIDENCE (Where sission) STATE W. VA	deceosed I	ived, if institution 13b. COUNTY	on: Residence before	13c. CITY OR TO	1454	NSIOE CITY LIMITS?	13e. STREET AM	ID NUMBER		
	14. F	ATHER'S NAME First		Middle	Last		NOTHER'S MAIDER			Middle		Last
1	1/.	WAS DECEASED EVER IN U	C ADMED	W.	WRIGHT		KELLY)	DEL	CIA		WRIGHT	
1				dates of service)	16b. SOCIAL SECURITY NO. 706 -09 -36		SPITAL	RECORD	ann SET	Address	E CUME	e MD
		18. CAUSE OF DEATH (ERPART I. DEATH WAS  Conditions, if ony, which rise to immediate causistating the underlying clost.  PART 2. OTHER SIGNIFICA	gave ) e (a), (	DUE TO, OR A:  (b)  DUE TO, OR A:  (c)	Caycins S A CONSEQUENCE OF	8	Esoph HE TERMINAL DIS	0	ON GIVEN IN PA	RT 1(a)		IMATE INTERVAL ONSET AND DEATH
2	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERI				RFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS COI					ONSIDERED IN C	ERTIFYING
	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Doy Yeor Iff either, notify medical examiner)  21b. TIME OF INJURY HOUR A.M. Manth Doy Yeor P.M. 19  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite							Item 18.)	State		
		While at wark of this hospital of tended the deceased from										
		22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	Y.	Hadid	DIDIAN, M.	Degree	22e. ADDRESS	MED. DIRECTO			1-1	21502
	23a.	BURIAL, CREMATION, REMOVALTS PRETENTIAL	23b. DATE			Point		23d.	LOCATION (City	ar Tawn)	(County)	(State)
	24.	FUNERAL DIRECTOR SCARPELL	FUNER	AL HOME	ADDRESS CUMB , N	eli.	2So	REC'D BY REGI	STRAR 25	. REGISTRAR'S	SIGNATURE	

VR A15 (4) 45M - 1/69

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